

AN ANALYSIS OF CULTURAL CONTENT
IN PSYCHIATRIC/MENTAL HEALTH NURSING TEXTBOOKS

A Thesis Presented to the
Department of Nursing
College of Pharmacy and Health Sciences
Drake University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Nursing

by
Anita J. Deitrick
November, 1996

A CONTENT ANALYSIS
OF CULTURAL CONTENT
IN PSYCHIATRIC/MENTAL HEALTH NURSING TEXTBOOKS

by
Anita J. Deitrick

Approved by Committee:

Sandra L. Sellers

Sandra L. Sellers, Ph.D., R.N.

11/25/96

Date

Cheryl A. Middendorf

Cheryl A. Middendorf, M.S.N., R.N.

11-25-1996

Date

J. Winston Black

J. Winston Black, M.S.E., B.S., Ph.D. (abd)

11-25-96

Date

1996
.D368

ACF 7607

ii

TABLE OF CONTENTS

	Page
LIST OF TABLES	iv
ABSTRACT	v
ACKNOWLEDGMENTS	vi
CHAPTER	
I. INTRODUCTION	1
Overview of the problem	1
Purpose of the Study	4
Research questions	4
Definition of Terms	5
Overview of the Theoretical Basis of Study	6
Overview of the Literature	7
Significance for Advanced Nursing Practice	10
II. REVIEW OF THE LITERATURE	12
Conceptual/Theoretical Basis	12
Review of Relevant Literature	19
Need for Cultural Nursing Care	19
Cultural Care in Psychiatric/Mental Health Nursing Practice	25
Nursing Education's Role in Culturally Congruent Care	28
Summary	34
III. METHODOLOGY	36
Research Design	36
Sample and Sampling Plan	36
Data Collection Procedures	38
Data Collection Tools	38
Summary	39
IV. ANALYSIS OF DATA	40
Characteristics of the Sample	40
Research Questions	42
Research Question One	42
Research Question Two	43
Research Question Three	44
Variations in Symptoms of Illness	45
Health Restoration, Health Maintenance and Health Promotion	54
Research Question Four	57
Additional Findings	59
Summary	59

V. DISCUSSION, RECOMMENDATIONS, AND IMPLICATIONS	61
Discussion of Findings	62
Limitations of Study	68
Recommendations for Further Study	69
Implications for Advanced Nursing Practice	70
REFERENCES	73
APPENDICES	
A. Demographic Characteristics of Sample Tool	79
B. Frequency Count of Specific Cultures Tool	81
C. Content Analysis of Cultural Content Tool	83
D. Accuracy of Cultural Content Tool	85

LIST OF TABLES

TABLES	Page
1. Demographic Characteristics of Sample	41
2. Frequency Count of Specific Cultures	44
3. Accuracy of Cultural Content in Psychiatric/Mental Health Nursing Textbooks	58

ABSTRACT

The purpose of this study was to analyze the cultural content of selected psychiatric/mental health nursing textbooks. The study was based on Madeleine Leininger's theory of culture care diversity and universality. Four major research questions were posed for the study: (1) What cultures are represented in psychiatric/mental health nursing textbooks?; (2) How frequently is each culture represented?; (3) What is the context within which each culture is represented?; and (4) How accurately are cultures represented in psychiatric/mental health nursing textbooks? A qualitative research design was employed for the study. Data were collected from fourteen selected textbooks using four tools developed by the researcher.

The findings of this study indicate that cultural content is being addressed in the psychiatric/mental health nursing textbooks. This content is primarily segregated into separate chapters. The majority of the textbooks focus on the four largest minority groups: African-American, Asian-American, Hispanic-American, and Native-American.

The frequency count of student learning activities indicated that African-Americans were the most often represented cultural groups appearing seventeen times in student learning activities. Hispanic-Americans and Asian-Americans were represented almost equally, appearing twelve and eleven times respectively. Native-Americans were represented only one time in student learning activities in the textbooks. Occasionally a member of another cultural group would be represented.

Some variations in symptoms of illness were included in eleven of the fourteen psychiatric/mental health nursing textbooks examined. These variations primarily involved the four largest minority groups. Culture-bound syndromes for these four groups also were identified. The three contexts of health restoration, health maintenance, and health promotion were examined but information related to these areas was not mutually exclusive. Nursing activities identified could be applied to all three areas.

This study also examined content in the psychiatric/mental health nursing textbooks for obvious examples of stereotyping and bias. Little evidence of obvious stereotyping and bias was found.

Further research is needed to develop valid and reliable tools for the evaluation of multicultural content of all educational materials. Research needs to be conducted to evaluate the multicultural content of nursing curricula. The effect of experiential learning on knowledge and attitudes also need to be evaluated.

Nurse educators need to lead the way in research that will contribute to the effectiveness of multicultural education. It is the responsibility of nurse educators to develop and implement multicultural content that is accurate and effective in teaching students to provide culturally congruent care.

ACKNOWLEDGMENTS

This thesis has marked the end of a very long and laborious journey over the course of a lifetime. It has been an interesting and remarkably rewarding journey. There are many special people who have made the journey and the ending of the journey possible. I would like to thank all those who have been my companions and sustained me along the way.

The first credit belongs to the Lord. He has given me strength on a daily basis and for that I am extremely grateful.

Without Dr. Sandra Sellers, my longtime mentor and thesis advisor, the journey would have ended at one of the faltering points along the road. Her support and encouragement when I would have dropped by the wayside made the difference between success and failure.

Bob Deitrick, my husband, who managed every other aspect of our life, was the patient and sustaining force on the journey.

My thanks goes to Cheryl Middendorf and Winston Black, committee members, who contributed their time and helpful suggestions to facilitate the completion of this work.

My technical advisors, Michael Johnson, David Elliott, Doug Kakert and Ginny Wangerin helped to curb the panic felt at certain points along the road. I give them my appreciation.

A special thanks to my family and friends who cared enough to pray, support and encourage me along the way.

Last, but certainly not least, my thanks goes to the nursing faculty of Des Moines Area Community College who encouraged, supported, and helped so many times by doing what I did not have time to do.

INTRODUCTION

Overview of the Problem

The United States is becoming culturally diversified. Nurses are attempting to provide care on a daily basis for clients whose cultures are different from their own and whose health practices are a mystery to them. The prediction is that within the next fifty years more Americans will trace their ancestry to Africa, Asia, the Pacific Islands or the Hispanic and Arab worlds than to Europe (Fontaine & Fletcher, 1995).

Nurses practicing in a pluralistic society need to be prepared to care for all clients, regardless of cultural background and provide culturally congruent care (Giger and Davidhizer, 1991). According to Leininger (1994), the complexity of culture can result in missed nursing care dimensions due to culture shock, ethnocentrism, and lack of in-depth knowledge. The result of missed nursing care is inadequate care for the client and frustration for the nurse. This situation can only be remedied by increased knowledge on the part of the nurse. Nurses must be prepared in comparative cultural care with research-based knowledge (Leininger, 1994).

If nursing is to maintain its high standard of caring, the heart and soul of nursing, this care must be given to all individuals in a manner that will be interpreted as caring by the individual receiving the nursing. If nurses' actions mean caring from their own personal framework and cultural background but are interpreted by the recipient as having a different meaning, sensitive and quality nursing care will not be provided.

A nurse's personal framework for practice is significantly influenced by education. Kohn (1995) stated that health care providers often lack cultural knowledge about clients. This deficit may start with the nurse's basic education. As the largest and most accessible of health care professionals, there is a need for nurses to become knowledgeable of diverse cultures to address the increasing diversity of society and assume their ethical responsibility to provide sensitive and quality care to all clients (Pope-Davis, Eliason & Ottavi, 1994). Nurse educators should consider carefully how to integrate multicultural education into nursing curricula (Pope-Davis et al., 1994).

The reality for health care and educational institutions is that they must now shift from a largely monocultural to multicultural focus (Leininger, 1994). "Providing culturally congruent care should be one of the highest priorities of nursing organizations and educational institutions as they plan for universal health care reform and to function in a multicultural world" (Leininger, 1994, p. 254).

Rosenbaum (1995) identified that the process of teaching cultural assessment begins with the nursing programs that include multiculturalism in their curricula and faculty who are committed to the importance of providing culturally relevant care. Students often fail to consider clients' cultural background unless the clients' clothing, language or appearance are different. The cultural background of all clients must be included as an integral component of the nursing process.

Sellers and Haag (1993) identified that preparing nursing students to understand equity and cultural pluralism is a challenge for nursing education. Nursing curricula and textbooks need to reflect sensitivity to cultural background and influences. Knowledge acquired during nursing education has the potential to

influence students to practice nursing in a culturally-biased manner if the curricula or textbooks selected contain inaccurate cultural information or ignore cultural diversity.

Textbooks have historically provided foundational knowledge for curriculum. The intent of textbooks is to engage the reader in a specific relationship with the world (Hiraki, 1992). This world should include clients from culturally diverse backgrounds. According to Hiraki (1992), nursing textbooks need to be critically examined to make explicit the cultural and political metaphors used to describe nursing care and provide nursing knowledge to students. Nursing textbooks need to reflect sensitivity and knowledge related to culture so nursing can provide individualized and culturally congruent care.

Choosing a nursing textbook is a difficult and perplexing task. Sohn (1991) stated that no studies assessing the appropriateness of content of nursing textbooks had been found. Literature providing direction for nurse educators in the selection and evaluation of nursing textbooks is scarce (Sellers and Haag, 1993). Leininger (1994) identified a growing problem with nursing faculty teaching, publishing books and articles, and guiding students on cultural diversity who may be using inaccurate, useless or highly questionable knowledge.

It seems evident that a problem exists in educating nursing students about the knowledge and skills needed to provide nursing care to a multicultural society. The literature search for information related to evaluating cultural content in nursing textbooks was non-productive. No references on evaluating the cultural content of psychiatric\mental health nursing textbooks can be found.

Psychiatric\mental health nursing practice is based on therapeutic

relationships. Rooda (1993) found that significant differences exist in nurses' knowledge of and attitudes toward diverse cultures. These differences could significantly affect the interpersonal relationships necessary to provide effective psychiatric\mental health nursing care. The cultural content of current psychiatric\mental health nursing textbooks needs to be examined to identify the strengths and limitations of what knowledge is available to students.

Nurse educators are responsible for the selection of textbooks that provide an educational foundation for curricula. These textbooks provide a knowledge and value base for beginning nurses. If this foundation is lacking in knowledge of cultural care, nurses may not be prepared to provide care necessary for the optimum well-being of clients in the twenty-first century.

Purpose of the Study

The purpose of this study was to examine the cultural content of current psychiatric/mental health nursing textbooks. Specifically, this study analyzed the frequency and accuracy with which different cultures were represented in selected psychiatric/mental health nursing textbooks. The context within which these cultural representations occur also was examined.

Research Questions

The research questions posed for this study were:

1. What cultures are represented in psychiatric/mental health nursing textbooks?
2. How frequently is each culture represented?

3. What is the context within which each culture is represented?
 - a. variations in symptoms of illness
 - b. health restoration
 - c. health maintenance
 - d. health promotion
4. How accurately are cultures represented in psychiatric/mental health nursing textbooks?
 - a. Are obvious examples of stereotyping evident?
 - b. Are obvious examples of bias evident?

Definition of Terms

The terms used for the study were defined as follows:

Culture - Culture was defined as the values, beliefs, norms and practices of a particular group of people that is learned, shared and used as a guide for thinking, making decisions and implementing actions including those related to health and illness.

Psychiatric/mental health nursing textbooks - Psychiatric/mental health nursing textbooks were defined as fourteen selected psychiatric/mental health nursing textbooks published within the last four years that addressed the traditional range of topics for psychiatric/mental health nursing practice.

Frequency - Frequency was defined as the sum total number of times that a culture was represented in a psychiatric/mental health nursing textbook.

Context - Context was defined as the content in which the cultural reference occurred. Specific cultural content included the variations in symptoms of illness, health restoration, health maintenance and health promotion.

Variations in symptoms of illness - Variations in symptoms of illness was defined as information describing how mental illness may manifest itself uniquely because of an individual's culture

Health restoration - Health restoration was defined as culturally specific nursing activities that are used to treat a diagnosed illness and restore individuals to their previous level of health.

Health maintenance - Health maintenance was defined as culturally specific nursing activities that reinforce healthy behaviors currently being practiced by individuals to prevent illness and maintain the current level of health.

Health promotion - Health promotion was defined as culturally specific nursing activities implemented to promote a more optimal level of health in individuals including reinforcement of voluntary self-initiated activities people assume to advance their own health.

Stereotyping - Stereotyping was defined as statements used to describe a culture that imply preconceived or negative beliefs that can influence the value ascribed to individuals belonging to that culture.

Bias - Bias was defined as terms ascribed to a culture that may have a negative connotation to the reader.

Overview of the Theoretical Basis of Study

The theoretical basis for this study was Madeleine Leininger's theory of cultural care diversity and universality. The central tenet of this theory is that care is the essence of nursing and the central, dominant and unifying focus of nursing (Leininger, 1991). One essential aspect of the theory is that culture is seen as the blueprint for living, remaining healthy or dying. This blueprint provides essential

knowledge to facilitate effective nursing care. Leininger (1991) identified three modes of nursing actions: (1) culture care preservation/maintenance, which preserves cultural resources; (2) culture care accommodation, which adapts clients' or nurses' actions; and (3) culture care repatterning/ restructuring, which alters behavior of either the client or the nurse. Leininger (1991) stated that she believed the theory of culture care would help generate knowledge to assist nurses to care for people of diverse and similar cultures.

Overview of the Literature

Many authors have identified the need for nurses to become more knowledgeable about caring for clients from diverse cultures. There are many barriers to overcome. Kohn (1995) identified four significant barriers to healthcare for culturally diverse clients. These include: (1) American medicine is an alien culture; (2) no one speaks their language; (3) their customs are not understood or respected; and (4) they do not feel they can trust healthcare providers. Increasing multicultural awareness should be a means of minimizing stereotypical responses and enhancing multicultural relationships (Pope-Davis et. al., 1994).

This is also true for psychiatric/mental health nurses. There are many examples in the literature for the need for culturally congruent care in the psychiatric/mental health practicum arena. Keltner (1993) stated that culturally sensitive assessments and intervention strategies are very important for mental health nurses who work with Native American children and adolescents. Fry and McGill (1993) stated that Cambodian adolescents are a high risk group for mental health problems and present a challenge for mental health nurses because of the cultural differences in perception about parental roles and illness. Another

challenge for psychiatric/mental health nurses is caring for African-American women who may perceive themselves as being devalued by American society which contributes to an increased frequency in clinical depression (Warren, 1994). These statements exemplify the need for culturally sensitive care in psychiatric/mental health nursing.

Kavanagh and Kennedy (1992) emphasized that the role of the health care professional consists of being a catalyst in preventing and decreasing social distancing that can interfere with care provisions for clients of diverse cultures. They attempted to provide tools for the nurse/catalyst to empower effective communication and nursing interventions in this process. The intervention modes of cultural preservation, negotiation and repatterning were explained as were cultural communication skills and barriers to assist the nurse in providing culturally congruent care (Kavanagh and Kennedy, 1992).

Prior to 1990 essentially no cultural content could be found in psychiatric/mental health nursing textbooks. An increasing number of psychiatric/mental health nursing textbooks have been published in the last few years. A cursory overview of the more recent texts seemed to indicate that several of the textbooks have added content related to the cultural aspect of psychiatric/mental health nursing. Some textbooks have incorporated cultural content into individual chapters related to a particular client illness or behavior while others have added separate chapters of cultural content.

Spector (1991) emphasized the idea that an individual's health beliefs are determined by social, cultural and ethnic backgrounds often with fundamental differences between the beliefs of health care providers and consumers. Her

arguments were:

1. Each person enters the health care profession with culture-bound definitions of health and illness.
2. Health professionals bring with them distinct practices for the prevention and treatment of illness.
3. Professionals' ideas change as they are socialized into the health-care provider culture.
4. A schism develops between the provider of health care services and the recipient.
5. If the provider becomes more sensitive to the issues surrounding health care and the traditional health beliefs of the consumer, more comprehensive health care will be provided (Spector, 1991, pp. xv-xvi).

Siantz (1993) focused on stigmas and hypothesized that stigma occurs because of insensitivity to ethnic origin, misdiagnosis and inappropriate treatment by mental health care providers. Stigma has resulted in part because of labeling that focuses on deficit (Siantz, 1993).

Bell (1994) reinforced this idea of misdiagnosis with the statement that psychiatric research tends to focus on white subjects but the results are applied to non-white populations. Bell also stated that research samples should be more diverse and reflect the demographic makeup of the United States.

The need for multicultural research, knowledge and education is more than evident. Siantz (1993) pointed out that research is needed that improves clinical information processing about the multicultural populations of the United States. Majority-based norms have been the focus of research with little attention to ethnic

minority groups (Siantz, 1993).

The American Academy of Nursing's Expert Panel on Cultural Competence in Nursing Education (1992) proposed that much of the information being used in multicultural education for nurses is from other disciplines. They identified the need for nursing research to examine questions relevant to educating nursing students about cultural diversity and culturally competent care. Specifically they called for research that compares the outcomes of different curricular models for nursing programs that offer courses in culture diversity. In addition, they addressed the need for research related to recruiting, retaining and teaching culturally diverse students. Research related to the outcomes of clinical practice experiences with culturally diverse clients also was identified as needed. Faculty were called upon to provide leadership in research (American Academy of Nursing's Expert Panel on Culturally Competent Nursing Education, 1992).

Significance for Advanced Nursing Practice

It was hoped that findings of this study would assist nurse educators to identify some of the problems in educating students to be culturally sensitive and provide culturally congruent nursing care. If part of the problem is lack of knowledge that knowledge can be identified and taught. Attitudes of nurses toward members of culturally diverse groups also can be explored and positively enhanced by the use of educationally appropriate methods.

Providing an opportunity for students of nursing to develop a knowledge and value base is one of the most important responsibilities of the nurse educator. Textbooks are an integral part of this process. It is essential that educators have textbook resources that are adequate and accurate in content related to culturally

congruent nursing care.

This study was designed to increase educators' awareness of the possibility of ineffective psychiatric/mental health nursing care that can result from a lack of knowledge concerning cultural diversity in psychiatric/mental health nursing textbooks. Leininger (1994) stated that providing culturally congruent care should be one of the highest priorities of educational institutions. Rooda (1993) suggested that nurse educators need to examine differences in objectives, content and learning experiences related to cultural diversity at different levels of nursing education. Sohn (1991) identified that nursing courses will be effective if they are integrated through common concepts. It is important that all courses in the curriculum have the common concept of culture on which to base appropriate nursing practice.

Content analysis of cultural content of psychiatric/mental health nursing textbooks could encourage examination of all nursing curriculum and textbooks for accuracy of cultural information presented to nursing students. Increased awareness also may facilitate elimination of cultural bias in nursing textbooks, in nursing curriculum and nursing practice.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this study was to analyze the cultural content of psychiatric/mental health nursing textbooks for the frequency and accuracy of content related to diverse cultures. The context in which each culture is represented was also examined. This chapter consists of three sections. The first section provides the theoretical basis for the study. The second section reviews relevant literature. The chapter concludes with a brief summary of the literature review.

Theoretical Basis of the Study

The theoretical base for this study was Madeleine Leininger's culture care diversity and universality theory of nursing (1991). Leininger developed this theory over three decades for the purpose of refining a relevant and comprehensive nursing theory that could be utilized on a worldwide basis (Leininger, 1991).

Leininger (1991) had long believed that care is the essence of nursing and the central, dominant and unifying focus of nursing. She then developed the theory of culture care diversity and universality to discover the universal and diverse features of culture and care as major and central components of nursing.

Nurses were challenged by Leininger to gain knowledge about cultural care values, beliefs and practices to care for people of the world. Leininger (1991) stated that during the 1960s and 1970s caring became invisible with researchers saying that it was a phenomenon that could not be studied. There were some nurses, however, who believed that caring was essential and persisted in presenting it as one of the most important concepts in nursing (Leininger, 1991). She further

stated that now there is a worldwide cultural movement providing renewed focus on nursing's tradition as a caring profession.

Leininger (1991) identified the following assumptive premises of the culture care diversity and universality theory:

1. Care is the essence of nursing and a distinct, dominant, central and unifying focus.
2. Care (caring) is essential for well being, health, healing, growth, survival and to face handicaps or death.
3. Culture Care is the broadest holistic means to know, explain, interpret, and predict nursing care phenomena to guide nursing care practices.
4. Nursing is a transcultural humanistic and scientific care discipline and profession with the central purpose to serve human beings worldwide.
5. Care (caring) is essential to curing and healing, for there can be no curing without caring.
6. Cultural care concepts, meanings, expressions, patterns, processes, and structural forms of care are different (diversity) and similar (towards commonalities or universalities) among all cultures of the world.
7. Every human culture has generic (lay, folk, or indigenous) care knowledge and practices and usually professional care knowledge and practices which vary transculturally.
8. Cultural care values, beliefs, and practices are influenced by and tend to be embedded in the worldview, language, religious (or spiritual) kinship (social), political (or legal), educational, economic, technological, ethnohistorical, and environmental context of a particular culture.

9. Beneficial, healthy, and satisfying culturally based nursing care contributes to the well being of individuals, families, groups and communities.
10. Culturally congruent or beneficial nursing care can only occur when the individual, group, family, community, or culture care values, expressions, or patterns are known and used appropriately and in meaningful ways by the nurse with the people.
11. Culture care differences and similarities between professional caregiver(s) and client (generic) care-receiver(s) exist in any human culture worldwide.
12. Clients who experience nursing care that fails to be reasonably congruent with the client's beliefs, values, and caring lifeways will show signs of cultural conflicts, noncompliance, stresses, and ethical or moral concerns.
13. The qualitative paradigm provides new ways of knowing and different ways to discover epistemic and ontological dimensions of human care transculturally (pp. 44-45).

The central focus in Leininger's theory is care. According to Luna and Cameron (1989), Leininger has maintained a consistent definition of care and culture throughout the entire development of her theory. The concept of care is also dominant in her assumptions and in many different aspects of her theory (Luna and Cameron, 1989). The integration of folk, professional and nursing as health systems has also been consistent (Luna and Cameron, 1989). There is no question that care and culture are central to Leininger's theory.

Leininger developed the Sunrise Model to depict a total view of the different but closely related dimensions of her theory. The model can be used as a cognitive map to orient and depict the influencing dimensions, components, facets, or major concepts of the theory with an integrated total view of these dimensions (Leininger, 1991).

Leininger does not agree that the metaparadigm concepts of nursing are person, health, environment and nursing (Leininger, 1991). She did, however, develop definitions of these metaparadigm concepts. Person is defined as “a cultural being who has survived through time and place because of the ability to care for infants, young, and older adults in a variety of environments and ways”. Environmental context refers to “the totality of an event, situation or particular experiences that give meaning to human expressions, interpretations and social interactions in particular physical, ecological, socio-political and/or cultural settings” (p. 48). Health is conceptualized as a “state of well being that is culturally defined, valued and practiced and that reflects the ability of individuals (or groups) to perform their daily role activities in culturally expressed beneficial and patterned lifeways” (p. 48). The concept of nursing is a “learned, humanistic and scientific profession and discipline that is focused on human care phenomena and activities in order to assist, support, facilitate or enable individuals or groups to maintain or regain their well being (or health) in culturally meaningful and beneficial ways or to help people face handicaps or death” (p. 47).

The theory of culture care diversity and universality has become increasingly relevant as nurses have endeavored to make the care they provide for their culturally diverse clients more culturally congruent. Leininger proposed that it

is essential that nurses be knowledgeable if they are to provide this care.

Leininger (1991) identified three modes of nursing actions. The first mode is culture care preservation/maintenance, which preserves cultural resources. This refers to “assistive, supporting, facilitative or enabling professional actions and decisions that help people of a particular culture to retain and/or preserve relevant care values so that they can maintain their well being, recover from illness, or face handicaps and/or death” (p. 48). The second mode is culture care accommodation, which adapts clients’ or nurses’ actions. This refers to “those assistive, supporting, facilitative, or enabling creative professional actions and decisions that help people of a designated culture to adapt to, or to negotiate with, others for a beneficial or satisfying health outcome with professional care providers” (p. 48). The third mode is culture care repatterning/restructuring, which alters behavior of either the client or the nurse. This mode includes “assistive, supporting, facilitative, or enabling professional actions and decisions that help clients reorder, change, or greatly modify their lifeways for new different and beneficial health care patterns while respecting the clients cultural values and beliefs and still providing a beneficial or healthier lifeway than before the changes were coestablished with the clients” (p. 49). Leininger believed that these modes were care centered and based on the use of generic care knowledge and professional care knowledge obtained from research using the Sunrise Model (Leininger, 1991).

Leininger (1991) developed orientational definitions for the major concepts in her theory because of their qualitative nature. One essential concept in her theory is care. Care refers to “abstract and concrete phenomena related to assisting, supporting, or enabling experiences or behaviors toward or for others

with evident or anticipated needs to ameliorate or improve a human condition or lifeway” (p. 46). Caring is defined as “actions and activities directed toward assisting, supporting, or enabling another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway, or to face death” (p. 46).

Another important concept in Leininger’s theory is culture which refers to “the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways” (p. 47). Cultural care refers to “the subjectively and objectively learned and transmitted values, beliefs and patterned lifeways that assist, support, facilitate, or enable another individual or group to maintain their well being, health, to improve their human condition and lifeway, or to deal with illness, handicaps, or death” (p.47).

Leininger was concerned with not only the differences in cultures but also with the similarities. She defined cultural care diversity as the “variables and/or differences in meanings, patterns, values, lifeways, or symbols of care within or between collectivities that are related to assistive, supportive, or enabling human care expressions” (p. 47). Similarities were defined as “cultural care_universality that refers to the common, similar, or dominant uniform care meanings, patterns, values, lifeways or symbols that are manifest among many cultures and reflect assistive, supportive, facilitative or enabling ways to help people” (p. 47). The concept of universality, however, “is not used in an absolute way or as a significant statistical finding” (p. 47).

One of the most significant concepts to this study is cultural congruent

(nursing) care which refers to those “cognitively based assistive, supportive, facilitative, or enabling acts or decisions that are tailor made to fit with individual, group, or institutional cultural values, beliefs, and lifeways in order to provide or support meaningful, beneficial, and satisfying health care, or well-being services” (Leininger, 1991, pp. 46-49). This study is concerned that nursing textbooks provide information that will help students and nurses provide cultural congruent care to all clients.

Leininger advocated that qualitative research methodologies are essential to examine cultural care and developed five principles for ethnonursing research. Several studies have been conducted using her research guidelines. One study explored the use of culture care theory with Mexican-Americans in an urban context (Stasiak, 1991). The focus of this study was on the meanings and practices of folk (generic) care and professional care as viewed by Mexican-Americans. The position that culturally congruent care is essential for clients for their well being or to gain and remain healthy was based on Leininger’s theory of culture care diversity and universality. The Leininger phases of ethnonursing analysis for qualitative data was used for data analysis. The findings confirmed four universal themes: (1) caring is expressed through love of family and neighbor and spiritual ties including *compadrazgo* and through invoking the power of God to heal by the use of prayer; (2) care means *todo o casi* or everything or almost everything, being with family, eating certain foods, and *bienestar* or well being; (3) folk practices and rituals promote caring and healing among Mexican-Americans; and (4) professional health care providers are seen as an extension of God (Stasiak, 1991). This knowledge was essential to providing culturally congruent care using the

three action modes identified by Leininger in her theory.

The theory of culture care diversity and universality provides a validated foundation for nursing educators who are concerned that all clients receive culturally congruent care. Nursing education research has guidelines and a tool to use to refine the culture care taught to students. Culturally congruent care seems to be not an option but mandatory in a culturally changing society.

Review of Relevant Literature

The literature review addresses the following three areas: (1) the need for culture care in all of nursing; (2) the need for culture care in psychiatric/mental health nursing; and (3) the need for nursing education to provide the foundation for culturally competent care. These three sections provide the foundational knowledge necessary for analyzing psychiatric/mental health nursing textbooks for the information needed by students of nursing to provide culturally congruent nursing care to clients of diverse cultural backgrounds.

Need for Cultural Nursing Care

Our society originally was identified as a melting pot but this description has given way to the reality that the United States is a multicultural nation of much diversity (AAN Expert Panel, 1992). This melting pot myth promoted the idea that all Americans were alike--white and middle class--along with the belief that ethnicity should be discounted or ignored in the health care system (Tripp-Reimer, 1989). This myth of assimilation into the dominant culture has been replaced by a new view that supports and affirms cultural diversity (Pope-Davis et al., 1994).

Demographic changes in the American population are occurring rapidly. These changes are occurring faster in some states than in others but it is predicted

that the changes will be similar throughout the entire United States in the coming half century (Norbeck, 1995). These population changes are occurring most rapidly in the urban areas (Kohn, 1995). According to Kohn (1995), in fifty years half the population will be either Hispanic or of nonwhite origin.

Clients perceived as members of minority groups tend to encounter difficulties when attempting to utilize the United States health care system (AAN Expert Panel, 1992). Some minority populations have special problems. Recent immigrants have more medical problems, including infectious diseases, parasites and mental health problems from stress than do resident populations (Kohn, 1995). Also when ethnic identity is strong, group values, beliefs, behaviors, perspective, language, culture and ways of thinking are maintained (Price, 1994). Providing adequate healthcare to all clients has become a challenge when all the demographic changes are taken into consideration.

According to Kohn (1995), healthcare providers often lack cultural knowledge about clients. Eliason (1993) stated that the belief that nurses base their care on individual needs assumes that nurses can identify culturally different needs. The challenge for nurses is to understand how cultural diversity affects health care and increase cultural awareness to maximize their therapeutic competence when caring for clients from diverse cultural backgrounds (Rooda, 1993).

Nurses are the largest force in the delivery of health care services and are therefore in a prime position to develop and maintain programs that deliver culturally congruent health care that will change inequities and inaccessibility to that care (AAN Expert Panel, 1992). There is a need for multicultural education due to the increasing diversity and nurses' socio-ethical responsibility to provide

sensitive and quality care to all clients (Pope-Davis et al., 1994). Silva (1994) stated that if nurses who give care, teach others, and conduct research are culturally insensitive, the ethical principle of respect of persons is violated. Respecting culturally diverse persons means making a commitment to increase one's knowledge of and sensitivity to them (Silva, 1994).

A variety of articles are beginning to appear related to caring for the culturally diverse client. Buchwald et al. (1994) identified that a surge of newcomers from all over the world has raised the challenge of providing health care to people who view Western biomedicine as exotic a phenomenon as their cultures are to most Americans. Biomedical orientation almost excludes consideration of cultural, social and psychological aspects of health problems (Clark, 1995). Many ethnic groups, however, have little understanding of their own anatomy and physiology according to Clark (1995). Clients are experts in knowing their own bodies and health but the culture they were raised or live in shapes their health beliefs (Clark, 1995). Clark (1995) cautioned that it is important to remember that cultural beliefs about health are not good or bad but just a fact in a multicultural world. Clark further stated that American healthcare providers must acknowledge the dynamic interrelationship between biomedicine and ethnomedicine if they are to reach the cultural and ethnic groups in communities. This is because illness, pain and healing are perceived differently in each culture (Diaz-Gilbert, 1991).

Nurses have the responsibility of providing care to every client by recognizing the perceptions and cultural background of the client and meaningfully translating this knowledge into culturally relevant care. According to the AAN

Expert Panel (1992), the development of knowledge and policies related to sensitive, competent culture care is one of the vitally important areas in the 1990s. West (1993) proposed that maintaining our cultural differences and uniqueness while having a meaningful relationship with people of diverse cultures is replacing the past emphasis on modifying cultural traits of patients to fit existing care plans or modifying those plans to address the needs of patients. Leininger (1991) noted that human beings of any culture have a right to have their culture care values known, respected and appropriately used in nursing and health care. Knowledge of cultural diversity enables nurses to use the resources of clients' cultures to develop a culture specific nursing care plan (Stewart, 1991).

Leininger (1991) contended that professional care based on culture care knowledge is a powerful method to promote health and preserve the healthways of people from diverse and similar cultures. To focus solely on health problems and ignore the other dimensions of peoples' lives ignores the essential nature of the human experience and the interconnectedness of belief and action (Clark, 1995). Stewart (1991) suggested that while it is not reasonable to expect all nurses to become cultural experts, it is important that an understanding of the role that culture plays in health and illness be achieved by all. Planning and implementing culturally sensitive, competent care does not need rationale because there are no excuses for continuing to provide care that is insensitive and incompetent (AAN Expert Panel, 1992).

Nursing practice and theory must take cultural factors into consideration because ethical/transcultural nursing is central to the philosophy and practice of nursing (Eliason, 1993). Buchwald et al. (1994) warned that it is risky

to see culture as a 'thing' to explain clients' health and illness without considering individual and family experiences because this can lead to stereotyping and injection of value judgments into clinical situations. The theory of culture care diversity and universality, however, does offer a framework for linking clinical knowledge to culture care (Price and Cordell, 1994). According to West (1993), transcultural nursing needs to transcend thinking and become a reality in daily practice.

There are many reasons that nurses need to be culturally competent. The first reason is that nurses need to be culturally educated to meet the needs of culturally diverse clients (West, 1995). A second reason is that nurses also enter and work in foreign cultures but often their practice reflects a lack of knowledge about the culture and they demonstrate signs of ethnocentrism, cultural impositions and counter culture practices (AAN Expert Panel, 1992).

The third reason that nurses need to be culturally competent is that the terms culture, ethnicity and minority have been used synonymously and this may tend to make members of the federally-defined ethnic minority populations the only focus of cultural care (Andrews, 1995). Andrews (1995) feared there will be an increasing tendency to ignore the fact that all people have differences and commonalities with other cultures.

Rooda (1993) did an exploratory study of 274 nurses to examine their knowledge and attitudes toward clients from culturally different backgrounds. She used the Cultural Fitness Survey (CFS) to collect data from a random sample of nurses employed in acute care in an urban Midwest county. The subject sample used was 96.6% female. Nonwhites were excluded from the study because their

small numbers prevented meaningful analysis. The study asked the following two research questions: (1) What level of basic knowledge do nurses have about culturally different clients? and (2) What are the attitudes of nurses toward patients whose backgrounds differ from their own?

The CFS is a self-administered, three-sectioned questionnaire. Two of the sections were developed by the researcher. The third section was adapted from a experimental tool developed by Bonaparte in 1979. The first section of the tool included questions about culturally specific diseases and symptoms, values, and issues related to family orientation of specific cultural groups. Section two measured nurses' attitudes toward culturally different clients. The third section was designed to collect demographic information on the respondents including age, gender, ethnic identity, educational preparation, year of graduation, and professional experiences.

The knowledge and attitude components of the CFS were analyzed using the repeated measures of MANOVA, multiple regression, and one-way ANOVAs. There were several findings from the study. Nurses who participated in this study knew more about the culture and health care practices of Asian-Americans than those of Hispanics and African-Americans. The second finding was that nurses' knowledge about culturally different clients is related to their educational preparation. Third the nurses had different attitudes toward the cultures and health practices of ethnic groups with the most positive attitudes toward whites, African-Americans, Asian-Americans and Hispanics in that order. The final finding was that cultural bias appeared to be a function of cultural attitudes.

Rooda (1993) reported that nurses who graduated from ADN programs

had significantly more knowledge about African-American cultural content and less biased attitudes toward Hispanics than nurses who attended BSN programs. She stated that the results of this investigation suggest that nurse educators need to examine the differences in objectives, content and learning experiences related to cultural diversity in the curricula of both programs to determine factors contributing to these differences.

Additional findings from the study indicated that these nurses knew more about the culture and health care practices of Asian-Americans than of Hispanic-Americans and African-Americans. The nurses' educational level was related to the knowledge they have about culturally different clients.

Cultural Care in Psychiatric/Mental Health Nursing Practice

A more specific focus for concern about culturally congruent care would be the arena of psychiatric/mental health nursing. Foster (1990) stated that the recognition of the relevance of culture to the understanding and treatment of psychiatric illness has been a gradual and halting process in psychiatric/mental health nursing that has not been completed. The use of culture in psychiatric settings is a major issue in treating psychiatric patients from diverse cultural backgrounds (Foster, 1990). Foster further identified that there is considerable variance between theory and practice and a gap between intention and actualizaion. This means that although there is more talk and thinking about culturally congruent care there is still a need to integrate it into practice.

Beeber, Henrix, Taylor, & Wykle (1993) pointed out that there are many specialized populations that should receive specialized care from the mental health profession including the culturally diverse client. The task of responding to the

challenge of cultural diversity in a time of mental health care reform is complicated by the influence of a society that is racist, classist, and sexist (Beeber et al., 1993). Beeber et al. stated that minorities have been influenced in seeking mental health services by a system that has not taken race and economics into consideration. Creation of a mental health care system that empowers and heals members of minority communities is imperative (Beeber et al., 1993).

The inequities of the mental health system are especially true for the minority elders (Beeber et al., 1993). Nurses must understand major cultural influences and health seeking behaviors of minority elders but also must be able to recognize within group differences (Beeber et al., 1993). Beeber et al. identified that mental health care services must be ethnospecific, affordable, accessible and competent.

Ruiz (1995) emphasized the influence of culture in psychiatry. He stated that the cultural identity of providers and consumers, perceptions of mental illness and treatment, and environment all have an impact on diagnosis, treatment and the outcome of interventions. Foster (1990) believed that cultural sensitivity comes from an understanding of cultural differences that must be in the clinicians' awareness and that it cannot be assumed on the basis of one's cultural background.

Foster (1990) was concerned that the problems created in attempting to implement culturally sensitive psychiatric care were greater than the problems solved. He identified that stereotypical and prescriptive approaches to cultural identity prevent a sensitive assessment of the client's particular needs. Kim (1995) also identified that a wide range of individual differences exists in terms of

educational status, language sufficiency, acculturation status and personalities that should be the basis for clinical decisions.

Rogler (1989) discussed the question of culturally sensitive research in mental health. Robins (1989) related that accurate cross-cultural comparisons are very attractive but also hard to find. Robins identified several problems in psychiatric epidemiology such as translation and cultural traditions. Rogler (1989) also identified problems in research and stated that cultural sensitivity in research means the incessant and continuing finely calibrated interweaving of cultural components and cultural awareness in all phases of the research process. Bell (1994) proposed the way race is used as a variable in psychiatric research is not clear. The confusion about race as a variable heightens researchers' disagreement about using it as a variable (Bell, 1994). Bell also believed that when the scientific literature does address race that the explanations for differences were inadequate or skirted. Psychiatric research tends to focus on white subjects but results are applied to nonwhite populations (Bell, 1994). Bell proposed that research samples should reflect the demographic makeup of the United States.

Leininger (1992) identified that we are in a "cultural care crisis" in which many health care personnel are inadequately prepared to work with clients from unknown cultures. She posed many questions about the psychiatric/mental health nurses' response to clients from different cultures which she believed were important but unanswered. Psychiatric/mental health nurses must become knowledgeable and skilled in transcultural mental health to function in today's multicultural world but many have been exceedingly slow to value and use transcultural nursing knowledge (Leininger, 1992). She believed that an exciting

new world is opening as psychiatric/mental health nurses become transculturally competent.

Nursing Education's Role in Culturally Congruent Care

Andrews (1993) identified that nurse educators are recognizing the importance of integrating transcultural nursing knowledge into undergraduate and graduate education, exploring teaching strategies for cultural sensitivity, and evaluating theoretical and practical aspects of the curriculum related to transcultural nursing. Pope-Davis et al. (1994) cautioned that nurse educators need to carefully consider how to incorporate multicultural education into nursing programs. It is essential that nursing faculty change educational programs, research strategies and clinical practices in response to the shifts that are occurring in the nation's population (Norbeck, 1995). Leininger (1995) stated that it has been difficult redirecting nurse educators from a unicultural to a multicultural perspective because of their narrow perspective of the world and their lack of knowledge about different cultures.

Pope-Davis et al. (1994) conducted an exploratory study to determine the multicultural competency of nursing students. The sample consisted of 120 undergraduate nursing students (112 women and 8 men) from a lifespan developmental psychology course in a college of nursing at a large Midwestern university who agreed to participate in the study. The participants were from suburban, urban or rural areas in the Midwest and ranged from 18 to 43 years of age, with a mean age of 19.93. Ninety-six percent of the participants were white. The students who participated in the study had not had any seminars or courses in multicultural nursing. The subjects completed the Multicultural Counseling

Inventory (MCI) that was adapted for nursing students and a demographic questionnaire that was developed for the study. The MCI is a self-report tool that focuses on four multicultural subclasses: skills, knowledge, awareness and relationship. The forty items assessed self-perceived competencies using a four-point Likert scale.

The findings indicated that the students with work experience had higher multicultural skill and knowledge levels than students without work experience. The students with work experience reported more skills in interpersonal communication, cultural consideration, knowledge of cultural factors and appropriateness when interacting with minority clients.

One of the difficulties with the findings of the study identified by the researchers was the fact that the student subjects may have acquired a “false cultural awareness” based on stereotypes. The subjects also may have developed skills and knowledge from the workplace without really knowing why the skills were important. In addition, the researchers identified that the students may believe they treat all clients alike and not truly be taking cultural differences into consideration (Pope-Davis et al., 1994).

Pope-Davis et al. (1994) concluded that when multicultural education is incorporated into the curriculum it must stimulate students to think about cultural differences and only provide general guidelines in caring for the culturally diverse client. If content is prescriptive or precise it can perpetuate stereotypes without taking into account individual differences (Pope-Davis et al. 1994).

Many other authors in the literature have expressed concern about the perpetuation of stereotypes and bias. Buchwald et al. (1994) warned against

superficial generalizations and cultural stereotyping. Tullman (1992) postulated that prejudice and discrimination are alive and well in the nursing profession. She expressed concern that racism is manifest in the attitudes of nurses toward clients of different ethnic groups and toward fellow professionals. The American Academy of Nursing's Expert Panel on Nursing Education (1992) stated that one of the most pressing problems faculty in nursing education have is how to present and discuss cultural diversity without stereotyping or misleading students about vital individual and small-groups variations that can occur within larger cultural groups. Pope-Davis et al. (1994) also warned that if textbooks address only ethnic and racial subgroups, they are perpetuating stereotypes by presenting specific information that does not address the differences within groups.

According to Pope-Davis et al. (1994), increasing multicultural awareness should minimize stereotyping and enhance multicultural relationships. Norbeck (1995) identified that until recently there has been little guidance in the literature to help faculty in adapting their courses to include cultural diversity. As this changes, education must stimulate students to think and only provide general guidelines for caring for culturally diverse clients (Pope-Davis et al. (1994).

Transcultural teachers need to be able to examine their own racial biases, cultural values, and lifeways that tend to interfere with their ability to effectively teach and facilitate learning (Leininger, 1995). Andrews (1995) warned of the danger of nurse educators perpetuating cultural stereotyping stating that there is evidence of this in the growing number of nursing textbooks, journal articles, audiovisual and computer software programs and other instructional materials that emphasize only a few cultures or subcultures. The four groups emphasized are the

Blacks, Hispanics, Asian/Pacific Islanders, and American Indians/Alaska Natives (Andrews, 1995).

Leininger (1995) pointed out that much work still needs to be done to integrate transcultural nursing into all levels of nursing education. Nurses must achieve sensitivity to culturally diverse clients and gain knowledge about diverse cultures to teach and to practice effectively (Leininger, 1995). An overloaded curriculum and reluctance or resistance to change to transcultural nursing curricula are additional problems (Leininger, 1995). She also noted that transcultural nursing questions are now being included in national examinations that should be an added impetus for change. Leininger (1995) offered five approaches and strategies to get transcultural nursing courses and programs into nursing curricula. The first is to incorporate transcultural nursing by introducing specific definitions of concepts and principles with examples of transcultural nursing into existing courses. The second approach is to teach transcultural nursing by modules or specified units. The third approach is to offer organized courses on transcultural nursing in undergraduate and graduate programs. The fourth approach recommended is to offer a major program or substantive tract in transcultural nursing with a series of courses and related learning experiences. The last approach to advance transcultural nursing is to establish and maintain transcultural institutes and centers (Leininger, 1995).

The AAN (1992) stated that there is need for nursing research to examine the questions relevant to educating students about cultural diversity and culturally competent care. They called for research that compares the outcomes of different curricular models of courses in cultural diversity. They also stated that faculty

members need to take the lead in this research. Princeton (1993) made the observation that nurses write about knowledge from other disciplines, such as anthropology, and adapt this information to nursing. She believed that present nursing literature is largely anecdotal and experientially based instead of being based on nursing research.

Smith, Colling, Elander, and Latham (1993) presented the results of an informational study examining the definitions of multicultural concepts in nursing curricula. The variables of ethnicity, race, gender, sexual orientation, spirituality/religion, family style/makeup, ability, age, region of origin, language, physical appearance and socioeconomic status were studied. The model developed for the study included reviewing textbooks for omissions and inclusion. An analysis of the data revealed that current nursing textbooks tend to cluster cultural diversity content in one chapter with the major focus on culture and race. Groups were more likely to be discriminated against by omission than by commission (Smith et al., 1993).

Leininger (1995) stated that faculty members have to withhold some of their traditional views, biases and prejudices about cultures and forego unjust views until they know, understand and use credible and confirmed research knowledge related to diverse cultures. She further proposed that students need faculty who use qualitative learning and research approaches in order to study the client's world.

Leininger (1995) identified twenty critical issues and concerns facing transcultural nurse educators. One of the issues most pertinent to this study was the tendency of faculty to teach transcultural nursing as traits of cultures or to use

cookbook characteristics of cultures. This may be reinforced by the textbooks students use. Another issue might be employing faculty who are unprepared to teach transcultural nursing. They may rely on textbook information only which may be misleading. The issue of misuse and overemphasis on cultural diversity without emphasizing cultural similarities could also be an error found in psychiatric/mental health nursing textbooks. Inappropriate use of nursing diagnoses is another issue that could be reinforced by inaccurate textbook content. Many of Leininger's concerns are legitimate concerns when choosing psychiatric/mental health and other nursing textbooks.

A growing number of textbooks on psychiatric/mental health nursing have been published and the scope of these textbooks has become very broad (Tally and Holmberg, 1990). Because these texts are a reference for students entering their first psychiatric/mental health nursing experience, the content provides a broad and necessary foundation for understanding psychiatric/mental health nursing care (Talley and Holmberg, 1990). Textbooks are a standard tool used in nursing courses and should be a primary focus of evaluation by nurse educators (Wakefield-Fisher, 1986). They are also a major source of information so content and organization are critical to learning (Wakefield-Fisher, 1986).

There is, however, a scarcity of nursing literature that provides direction for nurse educators in selecting and evaluating nursing textbooks. This is a dilemma for nurse educators who want to facilitate an understanding of the social values inherent in a democratic society (Sellers and Haag, 1993).

Hiraki (1992) stated that textbooks, as cultural commodities of our society, often dictate what is legitimate knowledge. Hiraki identified that the intent of

textbooks is to engage the reader in a specific relationship with the world. This is highly significant because the metaphors in nursing textbooks have the potential power to affect a reader's thoughts and actions (Hiraki, 1992).

Technology has led to increasing use of computers, videodisks, and other sophisticated learning resources in education. According to McLeod & Harden (1986), low technology textbooks are accessible, portable, comprehensive and frequently updated and will continue to maintain a critical role in the learning process.

It seems apparent that there are some problems to be solved in educating nurses to be culturally congruent. It is equally apparent that some progress is being made. Nurse educators and nurse experts are initiating research and striving to implement change. Leininger (1995) stated "the most significant development and challenge for nursing in the 21st century will be educating nearly five million nurses in the world to become culturally sensitive, competent and effective to serve the culturally neglected, oppressed, or misunderstood people of the world." (p. 8).

Summary

This chapter has attempted to explore a theoretical basis for a content analysis of multicultural content in psychiatric/mental health nursing textbooks. The theory of culture care diversity and universality developed by Leininger has been explained. The literature review has demonstrated that the demographics of the United States are changing and nurses need to be more knowledgeable about the culturally diverse client in all nursing practice areas including the psychiatric/mental health arena.

The literature also was reviewed for information related to the evaluation

of textbooks for multicultural content. This review was nonproductive indicating a need for research that would provide guidelines and information to nurse educators concerning textbook selection. This study attempts to contribute to the body of nursing knowledge by investigating psychiatric/mental health nursing textbooks to determine the presence and accuracy of multicultural content that can facilitate teaching of culturally congruent care.

CHAPTER THREE

METHODOLOGY

The purpose of this study was to explore and analyze the multicultural content of selected psychiatric/mental health nursing textbooks published in the last four years. This chapter focuses on the research methodology used for this study and includes the study design, sample and sampling method, data collection tools and data collection procedures.

Research Design

To explore the multicultural content of psychiatric/mental health nursing textbooks, a qualitative research design was employed. Specifically a content analysis was conducted to examine the cultural content. Content analysis is a research technique used for the objective, systematic and qualitative description of communication. Content analysis has been popular in cultural studies and mass communication research (Denzin and Lincoln, 1994). It is a technique used to characterize and compare documents that are already in existence (Good, 1966). The use of content analysis for this study enabled the researcher to identify, describe and analyze the context of the textbooks to provide understanding and new insights about cultural content related to psychiatric/mental health nursing practice.

Sample and Sampling Plan

The sample consisted of fourteen psychiatric/mental health nursing textbooks published within the last four years. The textbooks selected for review were those with a traditional range of content typical for psychiatric/mental health nursing practice. The sample selected included the major psychiatric/mental health

nursing textbooks used in nursing education today. All references to different cultures were identified and evaluated for content in variation of symptoms of illness, health restoration, health maintenance, and health promotion.

The textbooks reviewed were:

- Antai-Ontong, D. & Kongable, G. (1995). Psychiatric nursing: Biological and behavioral concepts. Philadelphia: W. B. Saunders.
- Carson, V.B. & Arnold, E.N. (1996). Mental health nursing: The nurse-patient journey. Philadelphia: W.B. Saunders.
- Fontaine, K.L. & Fletcher, J.S. (1995). Essentials of mental health nursing (3rd ed.). Redwood City, California: Addison Wesley.
- Fortinash, K.M. & Holoday-Worrett, P. A. (1996). Psychiatric mental health nursing. St. Louis: Mosby.
- Haber, J., McMahan, A. L., Hoskins, P.P. & Sideleau, B. F. (1992). Comprehensive psychiatric nursing (4th ed.). St. Louis: Mosby Year Book.
- Johnson, B. S.. (1993). Adaptation and growth: Psychiatric-mental health nursing (3rd ed.). Philadelphia: J. B. Lippincott.
- Keltner, N. L., Schwecke, L. H. & Bostrom, C. E. (1995). Psychiatric nursing (2nd ed.). St. Louis: Mosby.
- Rawlins, R. P., Williams, S. R., & Beck, C. K. (1993). Mental health-psychiatric nursing: A holistic life-cycle approach (3rd ed.). St. Louis: Mosby Year Book.
- Shives, L. R. (1994). Basic concepts of psychiatric-mental health nursing (3rd ed.). Philadelphia: J. B. Lippincott Company.

- Stuart, G. W., & Sundeen, S. J. (1995). Principles and practice of psychiatric nursing (5th ed.). St. Louis: Mosby.
- Taylor, C. M. (1994). Essentials of psychiatric nursing (13th ed.). St. Louis: Mosby.
- Townsend, M. C. (1996). Psychiatric-mental health nursing: Concepts of care. Philadelphia: F. A. Davis.
- Varcarolis, E. (1994). Foundations of psychiatric-mental health nursing (2nd ed.) Philadelphia: W. B. Saunders.
- Wilson, H. S. & Kneisl, C. R. (1996). Psychiatric nursing (5th ed.). Menlo Park, California: Addison-Wesley.

Data Collection Procedures

Each psychiatric/mental health nursing textbook was examined thoroughly for all cultural content. This included all individual chapters specifically related to culture and the content of other chapters with references to culture. All references were reviewed to determine if they related to cultural variations in symptoms of illness, health restoration, health maintenance, or health promotion activities according to the definitions developed by the researcher. Evidence of stereotyping and bias were also analyzed for each reference. A coding system was developed to avoid identification of specific textbooks. Each textbook was assigned a number known only to this researcher in an attempt to maintain the anonymity of the textbook.

Data Collection Tools

Four tools were developed by the researcher to collect data related to the research questions. The first tool (Appendix A) collected data related to the

demographic characteristics of the textbook sample. This tool identified author, book title, year of publication and number of pages. In addition, the placement of culture content was identified because cultural content could be in a separate chapter or integrated throughout the textbook or both.

The second tool (Appendix B) enabled the researcher to tabulate frequency counts of all references to specific cultures of the United States. This tool identified references to large minority cultures but was left open ended to also identify references to smaller cultural groups.

The third tool (Appendix C) identified references to cultural variations in symptoms of illness, health restoration, health maintenance and health promotion activities. The fourth tool (Appendix D) documented the accuracy of the cultural content reviewed and identified examples of stereotyping and bias found in the textbook.

Summary

To examine the cultural content of current psychiatric/mental health nursing textbooks, a qualitative research design was employed. A content analysis of fourteen selected nursing textbooks was conducted using four data collection tools developed by the researcher. Chapter Four analyzes the data collected.

CHAPTER FOUR

ANALYSIS OF DATA

The purpose of this study was to analyze the cultural content of selected psychiatric nursing textbooks. This chapter is divided into three major sections. Descriptive data related to sample characteristics are presented in the first section. The second section discusses and analyzes data related to the four research questions. The third section identifies additional findings related to the study. The chapter concludes with a brief summary.

Characteristics of the Sample

The sample consisted of fourteen psychiatric/mental health nursing textbooks published within the last four years. Of these texts, three were in their first edition, three were in the second, four were in the third, one was in the fourth, two were in the fifth and one was in the fourteenth edition. Table 1 presents the demographic characteristics of the books examined. The table contains the author, title of the textbook, year published, number of pages and whether the cultural content was in a separate chapter or integrated throughout the textbook. "S" indicates a separate chapter related to culturally diverse clients was included in the textbook. "I" indicates the integration of at least ten references to a specific culture throughout the textbook. "0" indicates there was neither a separate chapter or integrated content in the textbook. As indicated by Table 1 there were no textbooks with enough content integrated to qualify as an integrated textbook. Thirteen textbooks contained a separate chapter about culturally diverse clients. One book had only a subsection of a chapter devoted to cultural diversity.

Table 1

Demographic Characteristics of Sample

Authors	Book	Year Published	Pages	Cultural Content
Antai-Ontong D. and Kongable, G.	Psychiatric nursing: Biological and behavioral concepts	1995	794	S
Carson, V.B. and Arnold, E.N.	Mental health nursing: The nurse-patient journey	1996	1313	S
Fontaine, K.L. and Fletcher, J.S.	Essentials of mental health nursing	1995	551	S
Fortinash, K. and Holoday-Worrett, P.	Psychiatric mental health nursing	1996	726	S
Haber, J., McMahan, A.L., Hoskins, P.P. and Sideleau, B. F.	Comprehensive psychiatric nursing	1992	844	S
Keltner, N. L., Schwecke, L. H. and Bostrom, C. E.	Psychiatric nursing	1995	783	S
Johnson, B. S.	Adaptation and growth: Psychiatric-mental health nursing	1993	992	S
Rawlins, R. P., Williams, S. R. and Beck, C.K.	Mental health-psychiatric nursing: A holistic life-cycle approach	1993	960	S
Shives, L.R.	Basic concepts of psychiatric mental health nursing	1994	672	0
Stuart, G. and Sundeen, S. J.	Principles and practice of psychiatric nursing	1995	1021	S
Taylor, C. M.	Essentials of psychiatric nursing	1994	551	S
Townsend, M.C.	Psychiatric-mental health nursing: Concepts of care	1996	900	S
Varcarolis, E.	Foundations of psychiatric-mental health nursing	1994	957	S
Wilson, H.S. and Kneisl, C. R.	Psychiatric nursing	1996	952	S

Research Questions

Research Question One

The first research question was: What cultures are represented in psychiatric/mental health nursing textbooks? To determine the answer to this question, the table of contents, index and actual content of each textbook was examined. The four largest minority groups--African American, Asian American, Hispanic American and Native American--were mentioned in all fourteen textbooks. Occasionally, subcultures of these four minority groups were identified. Examples of these subcultures include Chinese American, Japanese American, Indo-Chinese, Southeast Asian, Korean, Cambodian, Laotian Vietnamese, Pacific Islanders, and Filipino in the Asian American group. The subcultures of Navajo, Hopi, Iroquois, Oglala, Souix, and Lumbee were the Native American subculture groups that were mentioned. Hispanic American subculture groups identified were Columbian Puerto Rican, Bolivian, and Cuban. The African American group also had designated subculture groups such as Haitian, Black American and Black Muslim.

Additional cultural groups that were identified included Arab Americans, Western European Americans, Northern European Americans, Amish, East Indian, Greek-American, Irish, Italian, French, Jewish, South American, English, German, Alaskan Eskimo and West Indian. Most of these cultural groups were mentioned briefly in connection with a certain behavior but occasionally a subsection of a chapter could be found about a few of the cultural groups such as Arab Americans, Western European Americans, and Northern European Americans.

Occasionally other names would be designated for a certain cultural group.

For example, Hispanic Americans might also be called Latino, Spanish American, Mexican-American or La Raza. African-Americans were called Blacks by some authors. Native Americans were mentioned as American Indians.

Research Question Two

The second research question was: How frequently is each culture represented? To answer this question, a frequency count was taken of the case studies, vignettes, clinical examples and other strategies used by authors to present situations involving culturally diverse clients for the students' learning experience. The frequency count was determined by a count of the actual number of culturally diverse client situations found in the textbooks. Table 2 displays the total number of student learning situations identified that involved a culturally diverse client. The total situations according to gender (M=male; F=female) in which a culturally diverse member was identified for a student's learning experience also are included. A random coding system was used to ensure anonymity of the sample. As indicated in Table 2, the African-American culture was represented most frequently with 17 learning situations, followed by the Hispanic-American culture with 12. The Asian-American culture was represented in learning situations 11 times and the Native-American population was identified only one time.

Table 2

Frequency Count of Specific Cultures

Book	African American	Asian American	Hispanic American	Native American
1	0	0	1 family	0
2	2F, 2M	2F	1M	0
3	0	0	1F	0
4	1F	0	0	0
5	1	1F	1F, 1M	0
6	2F, 1M	0	1F	0
7	3M	1F, 1M	1F, 1M	1M
8	0	0	1M	0
9	0	1F	0	0
10	1M	1F	0	0
11	3F, 1M	2F, 1M	1M	0
12	0	1F	1M	0
13	1F	0	0	0
14	0	0	2F	0
Total	17(9F, 8M)	11(9F, 2M)	12(6F, 6M)	1(1M)

Research Question Three

The third research question was: What is the context within which each culture is represented? The four contexts that were identified included variations in symptoms of illness, health restoration, health maintenance and health promotion. Each text was examined for identification of these contexts related to the culture discussed. The analysis includes a description of the content related to each of the four contexts.

Variations in Symptoms of Illness

Context one was variations in symptoms of illness. Variation in symptoms of illness was defined as information describing how mental illness may manifest itself uniquely because of an individual's culture. Each culture will be discussed separately.

The first culture considered was African-American. Alcoholism was identified as a major problem for this culture and as a factor contributing to a high incidence of alcohol-related illness, fetal alcohol syndrome, high homicide rates and lower life expectancy. This mental health problem was reported to be activated by unemployment, availability of alcohol, peer pressure and social norms that support drinking. Eight out of the fourteen textbooks identified alcoholism as a problem in the African American culture.

Depression was identified as an increasing problem for African-American females. Etiological factors identified were being the member of the two minority groups, Black and female, as well as being devalued by society. Five of the fourteen textbooks discussed depression in African-Americans.

The misdiagnosis of depression as schizophrenia because of African-American variation in symptoms also was identified. African-Americans were diagnosed as having schizophrenia because they may experience hallucinations and delusions when depressed. The method of diagnosing was identified as another probable cause for overdiagnosis of schizophrenia because testing is not standardized for African-Americans. The differences in language and mannerisms also were mentioned as a possible reason for misdiagnosis. Seven of the fourteen textbooks identified schizophrenia as a mental health problem in the African-

American community.

Suicide was another commonly identified mental health issue among African Americans. The highest rate of suicide among African Americans was identified as occurring between the ages of 25-34, with declining rates in later years related to more valued roles of the elderly in African-American society. African-American women were reported to have lower rates of suicide because of strong support systems. Five out of fourteen textbooks discussed suicide.

Occasionally the textbooks identified the symptoms of homicide, adjustment disorders, black on black crime, substance abuse, post traumatic stress disorder, acrophobia and reactions to psychotropic medications. These symptoms were mentioned rarely, in only one to three textbooks.

Specific culture-bound syndromes also were identified as related to the African-American culture. A culture-bound syndrome is defined as an intrinsically ethnocentric disorder restricted to a specific people and locale. Culture-bound syndromes are disorders in which there is a bizarre display of behavior not congruent with traditional Western psychiatric classification. Voodoo illness was identified as one culture-bound syndrome in the African-American community. This illness is believed to be caused by a supernatural magical hex from which the person cannot escape. Symptoms include nausea, vomiting, diarrhea or bizarre behavioral symptoms that can progress to death.

A culture-bound syndrome glossary from the American Psychiatric Association Diagnostic and Statistical Manual IV (1994) was presented in one textbook. The glossary identified rootwork as a cultural interpretation that ascribes illness to hexing, witchcraft, sorcery, or the evil influence of another person. This

results in symptoms including generalized anxiety and gastrointestinal complaints. This syndrome occurs in the southern United States among African-Americans. Other culture-bound syndromes identified as occurring in the African-American culture were (1) boufee delirante-a sudden outburst of agitated and aggressive behavior, marked confusion, and psychomotor excitement occasionally accompanied by paranoia and hallucinations; (2) brain fag-difficulties in concentrating, remembering and thinking; (3) spell-a trance state in which individuals “communicate” with deceased relatives or with spirits; and (4) zar-the experience of spirits possessing an individual.

Variation of symptoms of illness will next be explored as related to the Asian-American culture. The two most common mental health issues discussed in the textbooks related to Asian-Americans were depression and the low incidence of alcoholism. Five of the fourteen psychiatric/mental health nursing textbooks identified a low incidence of alcoholism among Asian-Americans related to a genetic difference in metabolism. The adverse symptoms of alcohol consumption occurring in Asian-Americans were identified as flushing, headaches, palpitations, intense feelings of discomfort, and vasomotor symptoms.

Asian-Americans express depression in somatic terms according to the textbook information. Common somatic complaints related to depression included headaches, dizzy spells, stomach troubles, difficulty sleeping including insomnia, loss of appetite, allergies, weakness, and tiredness.

Suicide in the Asian-American culture was mentioned in three textbooks but not as a major problem. The suicide rate among Asian-Americans was reported to increase with age. Indian-Americans were identified as having a lower suicide

rate because of religious beliefs. The refugee group of Asian-Americans was reported to have a higher suicide rate as well as a higher incidence of post traumatic stress disorder, depression, somatic preoccupation, marital conflicts, intergenerational conflicts, substance abuse and sociopathic behavior.

Schizophrenia was identified as occurring in the Asian-American culture in two of the textbooks. The most common type of schizophrenia occurring in the Asian subculture of Indian-Americans was catatonic schizophrenia. Asian-Americans are diagnosed as having schizophrenia more often than white Americans.

There were many culture-bound syndromes identified in the textbooks as occurring in the Asian-American culture. Four of the fourteen psychiatric/mental health textbooks identified culture-bound syndromes. The following list is a composite of the culture-bound syndromes found in all the textbooks:

- (1) Sia-chit (meaning lose mind, nervous breakdown)--sadness, crying, difficulty sleeping, fright, panic, various physical symptoms.
- (2) Ba (crazy or insane)--hearing voices, dangerous behavior, impaired thought, memory, logic or intelligence.
- (3) Neurasthenia--headache, various aches and pains, pressure and heaviness in the head, morbid fears, tremors, hopelessness, irritability.
- (4) Latah--(in women)-minimal stimuli elicit an exaggerated startle response, often with swearing. A form of hysteria.
- (5) Anthropophobia (Japanese, especially males)--easy blushing, anxiety with face to face contact and fear of rejection.

(6) Koro--fear the penis will withdraw into the abdomen and cause death.

In women the fear is related to the vulva and nipples.

(7) Amok--sudden mass assault, usually involving homicide and sometimes death of the perpetrator. Attributed to drug intoxication, psychogenic psychosis, schizophrenia.

(8) Hsieh-ping--a trance state created by the possession of the victims body by dead relatives.

(9) Jirijan (dhat)--belief sperm is leaking from the body in the urine manifested by complaints of generalized weakness, malaise and depression. A similar syndrome is called shenkuei in China.

(10) Possession syndrome--dissociation, supernatural or religious frenzy after possession ends.

(11) Hiva-bying--anger syndrome--insomnia, fatigue, panic, fear of impending death, dysphoric affect, indigestion, anorexia, dyspnea, palpitations, generalized aches and pains, mass in the epigastrium.

(12) Qi-gong psychotic reaction--acute, time-limited, dissociative, paranoid or other psychotic or nonpsychotic symptoms occurring after participating in the Chinese folk health enhancing practice of qi-gong.

(13) Shenjing shariruo--physical or mental fatigue, headache, pains, concentration difficulties, sleep disturbance, memory loss or other disturbances of the autonomic nervous system.

(14) Taijin kyofusho-phobia--belief that parts or functions of the body displease, embarrass or are offensive to other people.

Three of the psychiatric/mental health nursing textbooks did not mention

any variations in symptoms of illness related to the Asian-American culture. This could be related to the fact that Asian American culture is very diverse and complex.

The next culture to be considered for variations in symptoms of illness is the Hispanic-American culture. One textbook indicated that there is less mental illness among Hispanic-Americans than among the general population. Another textbook attributed this lower rate of mental illness to clear role expectations in the Hispanic-American family. One textbook identified that there appears to be a lower rate of psychosis among Hispanic-Americans. Three textbooks discussed this lower incidence of mental illness.

One textbook stated because Hispanic-Americans view mental illness as a physical disease of the nervous system. Anxiety and depression will be reported as fatigue, headaches and various gastrointestinal disturbances. Depression was mentioned in three textbooks.

Suicide was the next problem identified in the Hispanic-American culture. Females were reported to have low rates of suicide while males have high rates. The highest rate of suicide was reported to occur during young adulthood due to the stress of acculturation, language barriers, discrimination, poverty and educational disadvantages. Four of the fourteen textbooks discussed suicide in the Hispanic-American culture.

Substance abuse was identified as a problem in the Hispanic-American culture. Two textbooks discussed this mental health issue. The male rate of alcoholism was identified as higher than the rate in the general population. Hispanic-American adolescents also were identified as having high rates of

alcohol abuse in one textbook. Other substances commonly abused were identified as marijuana, heroin, and cocaine. Two textbooks identified substance abuse as contributing to other mental health problems in the Hispanic-American culture including increased automobile accidents, violence, and the high death rate from alcohol-related illnesses. One textbook identified alcohol abuse as the number one mental health issue.

Other mental health variations in symptoms included in one textbook were increased rates of adjustment disorders, post traumatic stress disorder in illegal aliens, and obesity. These conditions were reported to be related to poverty and position in the dominant culture.

Six textbooks out of fourteen psychiatric/mental health nursing textbooks identified culture-bound syndromes related to the Hispanic-American culture. The syndromes included at least once were: (1) mal de ojo (evil eye)--lethargy, headache, irritability fitful sleep, crying without apparent cause, diarrhea, vomiting and fever (especially in children) which may be unintentionally caused by admiration or envy; (2) witchcraft--(roots, rootwork, voodoo, fix, hex, majo)--causing illness, injury or death; (3) nervios (nerves)--palpitations, weakness, headaches, and dizziness; (4) ataque (fits)--catatonia hyperventilation, fits of violence and salivation; (5) susto (flight or soul loss)--weakness, anxiety, fear caused by a disturbing experience that causes part of the self to separate from the body. As the spirit leaves the body cold air rushes in. This causes malaise, loss of appetite and listlessness, depression and withdrawal; (6) ataque de nervios--uncontrollable shouting, attacks of crying, trembling, heat in the chest rising into the head, verbal/physical aggression, dissociative experiences, seizurelike or

fainting episodes and suicide; (7) bilis and colera--acute nervous tension, headaches, trembling, screaming, stomach disturbances, loss of consciousness and chronic fatigue; (8) locura--severe form of chronic psychosis, incoherence, agitation, auditory and visual hallucinations, inability to follow rules of social interaction, unpredictability and possible violence; and (9) nervios--wide range of symptoms of emotional distress, somatic disturbances and inability to function. Additional syndromes identified but not defined were impacho, carda de mollera (fallen fontanelle) and mal puesto (mono clavado).

Five of the fourteen textbooks gave no specific information about the variations in symptoms of illness as related to the Hispanic-American culture. The emphasis for this culture in most textbooks was on culture-bound syndromes.

The last culture to be discussed is the Native American culture. This culture seemed to have the least amount of information available in the psychiatric/mental health nursing textbooks. The two mental health issues mentioned most frequently were suicide and alcoholism. These issues were mentioned in ten of fourteen textbooks.

The Native-American group was reported to have the highest suicide rate in the United States at twice the rate of Caucasian suicide. The male adolescent Native American subgroup also had the highest rate of suicide in that age group with suicide the second leading cause of death in young Native-Americans. The high suicide rate was attributed to hopelessness, despair, anger, depression, deprivation, availability of alcohol and social support of drug taking behaviors. Native-American helplessness, that is related to the demands of and dependence on the dominant society, also was identified as a factor contributing to suicide.

Suicide rates were reported to vary from tribe to tribe.

Alcoholism was considered a major mental health issue in eight of the fourteen psychiatric/mental health nursing textbooks. Almost half of Native American high school seniors were reported to drink heavily. Other mental health problems attributed to alcohol abuse were suicide; sexual abuse of children, spouse and elderly; violence; homicide; automobile accidents; and depression.

Culture-bound syndromes were identified in two of the psychiatric/mental health nursing textbooks. The ones identified were: (1) ghost sickness--a preoccupation with death and the deceased with symptoms including bad dreams, weakness, feelings of danger, loss of appetite, fainting, dizziness, fear, anxiety, hallucinations, loss of consciousness, confusion, feelings of futility and a sense of suffocation; (2) windigo psychosis--severe form of depression with fears of cannibalism in the delusions; and (3) piblokto--an agitated depression with fuguelike withdrawal.

Poverty, lack of adequate housing, poor health, inadequate nutrition, inadequate health care and transportation problems were identified in four of the fourteen psychiatric/mental health nursing textbooks as problems faced by the Native American population. Five of the textbooks identified depression as a mental health issue caused by some of the other problems Native Americans encounter. Another three textbooks identified a high rate of homicide related to these same problems.

Several other mental health problems were identified as occurring in the Native American population. These were emotional problems in children, post-traumatic stress disorder (often secondary to parental experiences), developmental

disorders, identity disorders, anxiety disorders including panic disorder, psychosomatic disorders and emotional problems from disturbed relationships.

Four of the fourteen textbooks did not identify any variations in symptoms of illness for the Native American population. Several of the textbooks did identify the extreme amount of diversity among this population, however.

Health Restoration, Health Maintenance and Health Promotion

In analyzing the next three contexts, the data found were not mutually exclusive. Consequently, some of the data had to be considered as a whole. The contexts under consideration were health restoration, health maintenance and health promotion. Health restoration referred to culturally specific nursing activities that are used to intervene with a diagnosed illness and restore individuals to their previous level of health. Health maintenance referred to culturally specific nursing activities that reinforce healthy behaviors currently being practiced by individuals to prevent illness and maintain the current level of health. Health promotion was defined as culturally specific nursing activities implemented to promote a more optimal level of health in individuals including reinforcement of voluntary self-initiated activities people assume to advance their own health.

A tool (Appendix C) was developed to categorize data related to nursing activities in the psychiatric/mental health nursing textbooks. It proved to be difficult for the researcher to differentiate among the nursing activities because the nursing activities identified could be applicable to all three areas explored.

The first step in analyzing the data related to nursing activities was to identify the data that would be useful to nursing activities in all three areas of health restoration, health maintenance and health promotion. The following

information included in the psychiatric/mental health nursing textbooks seemed be helpful to all areas of intervention. Only the most frequently identified content will be included in this discussion.

Eleven of the psychiatric/mental health nursing textbooks defined and explored the meaning of culture. Nine textbooks discussed ethnicity. These topics laid the foundation for understanding diverse cultures needed by the student of nursing practicing in the psychiatric/mental health arena.

There were general topics that were discussed in the textbooks that are essential to understanding the diversities and similarities within and among cultures. These topics are communication, space, social organization, time, environmental control, biological variations and values. Ten textbooks discussed verbal communication and seven also discussed nonverbal communication such as touching. Five textbooks included information about space, six about social organization, nine about time, three about environmental control, five about biological variations and six about values. Religion was discussed in four textbooks. Some of the miscellaneous topics included in various textbooks were cultural sensitivity, risk factors for mental illness, race, refugee versus immigrant status and life span developmental variations in cultures.

These general topics have implications for health restoration, health maintenance and health promotion. For example, all nursing activities involve communication. Keltner et al. (1995) defined communication as “a process that is the matrix for thought and relationships between all people regardless of cultural heritage” (p. 730). A nurse must be able to communicate to restore, maintain or promote health. Communication becomes more difficult when the nurse and the

client are from different cultural backgrounds. There can be no therapeutic, goal-directed communication that is essential to the development of a therapeutic psychiatric nurse/client relationship without knowledge of how to communicate with individuals from diverse cultures. It is the nurse's responsibility to establish and maintain communication based on knowledge.

Another topic important to nursing activities in health restoration, maintenance and promotion was space. Space was defined by Keltner et al. (1995) as "the distance and intimacy needs of culturally unique individuals in human interaction (p. 737). The use of space varies from culture to culture as well as from individual to individual. Improper use of space can prevent helpful interaction with the client and may actually be misinterpreted in a way that could cause withdrawal from the health care situation.

Social organization knowledge is important in health restoration, maintenance and promotion. There are many factors in social organization which must be considered if culturally congruent care is to be given. Social organization is defined by Keltner et al. (1995) as the "organization of a culture around particular units (such as family, racial or ethnic group, religious groups and community or social groups)" (p. 737). This could include matriarchal versus patriarchal family structure.

The variable of time can cause difficulty in health restoration, maintenance, and promotion. If the client and nurse are functioning on different time frameworks much difficulty can occur in the relationship. Keltner et al. (1995) defined time as "either a physical quantity measured by a clock or patterns and orientations that related to the social processes" (p. 738). Different time orientations could result in

missed appointments, not following through with outpatient care as well as misunderstandings in the nurse - client relationship.

The effects of environmental control are also important in every aspect of nursing activities. Environmental control includes health care beliefs and practices. Keltner et al. (1995) stated that environmental controls were “the ability of an individual to control nature by planning activities and tasks to assist in maintaining optimal balance in life” (p. 732). What the culturally diverse client believes about the cause and treatment of illness greatly influences health restoration, health maintenance, and health promotion activities acceptable to them.

Biological variations also have an important role in nursing activities for health restoration, maintenance and promotion. Biological variations are “physical differences between individuals or body structure, skin color, other visible characteristics, enzymatic and genetic variations, electrocardiographic patterns, susceptibility to disease, nutritional preferences and deficiencies, and psychological characteristics” according to Keltner et al. (1995, p. 727). Lack of understanding of variables could result in missed side effects of psychotropic medication in health restoration, or inaccurate teaching in health maintenance and promotion.

Religion is important in every aspect of a client’s life. Religion helps determine how, when and if the individual seeks professional health care services. When caring for clients from diverse cultures the nurse needs a basic knowledge of many different faiths.

Values are extremely important in every phase of health care. Values are “the unique expressions of a culture that have been accepted over time as appropriate by the culture” (Keltner, 1995, p. 165). Values guide decisions and

actions including those about health care. Care that is not valued will not be sought or utilized.

Research Question Four

The fourth research question was: How accurately are cultures represented in psychiatric/mental health nursing textbooks? Are obvious examples of stereotyping evident? Are obvious examples of bias evident? Stereotyping was defined as statements used to describe a culture that imply preconceived or negative beliefs that can influence the value ascribed to individuals belonging to that culture. Bias was defined as terms ascribed to a culture that may have a negative connotation to the reader.

Thirteen of the textbook authors discussed the dangers of stereotyping and bias in providing nursing care to culturally diverse clients. Eleven of the fourteen psychiatric/mental health nursing textbooks contained warnings about overgeneralization and stereotyping. Related concepts discussed in the content were prejudice, racism, stigma, generalizations, fears, ethnocentrism and discrimination.

Some authors did not discuss history or characteristics of a specific culture in the textbooks but just made reference to culture group in certain situations, i.e. suicide rates. The reader is left without any understanding of the culture except the suicide rate. This presents a very narrow view of any culture and could contribute to stereotyping.

Table 3 was developed to record specific instances of information that could be interpreted as stereotyping or bias.

Table 3

Accuracy of Cultural Content in Psychiatric/Mental Health Nursing Textbooks

Cultural Group	Books by code number—Culturally insensitive stereotyping/bias
African American	2-referred to African Americans as blacks (with a small letter b) 3-referred to black clients 3-belief in witchcraft 6-folk medicine of voodoo, witchcraft and magic 7-referred to blacks 8-health practices include voodoo and witchcraft 9-blacks and voodoo religion 14-treatment by a voodoo priest
Asian American	
Hispanic American	3-belief in witchcraft 6-black magic practiced 9-thought to be caused by witchcraft
Native American	7-called their variations in clothing “costumes.”

The use of the term “black” may not be considered to have a negative connotation to some readers but could have to others. The term black may not convey as positive an image about heritage and origins as the term African-American.

Also discussions about voodoo and witchcraft without any explanation of the origins and meanings could affect some readers in a negative way. Only one textbook gave a thorough explanation of the meaning and background for these practices.

The use of the term costumes has a childlike or “party” connotation. This may contribute to nurses viewing Native-Americans as immature and not to be taken seriously.

There were not any terms or statements made that were obviously

stereotypical or biased. There were topics discussed that could lead to stereotyping because they could easily lead to overgeneralization of an entire culture. An example of this would be discussions about voodoo and witchcraft without any estimate of the percentage of the culture that was involved in these beliefs.

Additional Findings

Only one textbook contained any information specifically related to Leininger's theory of culture care diversity and universality. This psychiatric/mental health nursing textbook contained Leininger's acculturation profile assessment form.

Three textbooks included Giger and Davidhizers' transcultural assessment model. This included identification and discussion of the six phenomena identified by Giger and Davidhizer as important assessment areas.

Another interesting finding was that clients' cultures were not identified in the vast majority of student learning situations. Cultural background was not included as part of the data related to the client.

Summary

The purpose of this study was to analyze the cultural content of selected psychiatric/mental health nursing textbooks. The fourteen textbooks selected were those with a broad range of content typical of psychiatric/mental health nursing textbooks published within the last four years. This chapter analyzed data related to the four research questions that were posed for the study. Chapter Five will discuss the findings of the study and the implications of the findings for advanced nursing practice.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS, AND IMPLICATIONS

The purpose of this study was to analyze the cultural content of selected psychiatric/mental health nursing textbooks. The fourteen textbooks selected were those with a broad range of content typical of psychiatric/mental health nursing textbooks published within the last four years. A qualitative research design was utilized to collect data from the selected textbooks. Data were collected using four tools developed by the researcher.

To facilitate analysis of the textbooks, the following questions were posed.

1. What cultures are represented in psychiatric/mental health nursing textbooks?
2. How frequently is each culture represented?
3. What is the context within which each culture is represented?
 - a. variations in symptoms of illness
 - b. health restoration
 - c. health maintenance
 - d. health promotion
4. How accurately are cultures represented in psychiatric/mental health nursing textbooks?
 - a. Are obvious examples of stereotyping evident?
 - b. Are obvious examples of bias evident?

The findings of this study indicate that cultural content is being addressed in psychiatric/mental health nursing textbooks. This content is primarily segregated into separate chapters in the textbooks. The majority of the textbooks focus on the

four largest minority cultural groups. The frequency count of student learning situations indicated that African-Americans were the most often discussed group appearing seventeen times in the textbooks. Hispanic-Americans and Asian-Americans were almost equally represented. Hispanic-Americans appeared twelve times and Asian-Americans appeared eleven times. Native-Americans, however, were represented only one time in the textbooks. In addition, a member of a culture other than the four largest minority cultures was identified in a student learning situation occasionally.

Variations in symptoms of illnesses were included in eleven of the textbooks. Identification of culture-bound syndromes also was included for the four largest minority groups. The three contexts of health restoration, health maintenance, and health promotion were included but impossible to separate because the content identified could be used in all three areas of nursing activities.

All fourteen of the textbooks discussed stereotyping. The consequences of stereotyping also were identified and discussed. Little evidence of obvious stereotyping or bias was found in the psychiatric/mental health nursing textbooks.

Discussion of Findings

The first research question asked what cultures were represented in psychiatric/mental health nursing textbooks. Many authors have predicted that the demographic makeup of the American population will change significantly in the next fifty years. This demographic change mandates changes in nursing activities. Leininger (1994) has long identified the need for nurses to develop the ability to provide culturally congruent care because the complexity of culture can result in missed nursing care due to cultural shock, ethnocentrism and lack of in-depth

knowledge. This study indicates that cultural knowledge is beginning to be addressed in psychiatric/mental health nursing textbooks.

This study found the most cultural information on the four largest minority cultural groups—African-American, Asian-American, Hispanic-American and Native-American. Fontaine and Fletcher (1995) stated that within the next fifty years more Americans will trace their ancestry to Africa, Asia, the Pacific Islands or the Hispanic or Arab worlds than to Europe. The findings of this study indicate that the newer editions of psychiatric/mental health nursing textbooks are attempting to prepare the nursing student for the future by presenting information on many diverse cultures. Norbeck (1995) noted that it was imperative that nursing faculty change educational programs in response to the demographic shifts that are occurring in the nation's population. This study indicates that the cultural content in psychiatric/mental health textbooks is being increased to facilitate the process of changing educational programs to educate students to meet the needs of a culturally diverse population.

Andrews (1995) had claimed that nurse educators were recognizing the importance of integrating transcultural nursing knowledge into nursing education and the finding of cultural content in psychiatric/mental health nursing textbooks helps substantiate her claim. This content is segregated into separate chapters with minimal integration into the remainder of the textbook. None of the textbooks had integrated ten references to a specific culture which was the criteria for cultural integration in this study. This finding supports the study of Smith et al. (1993) that found cultural content in textbooks was segregated into separate chapters in the textbooks studied. This seems to contribute to or follow the same pattern as

societal segregation of cultural groups.

All fourteen of the textbooks included information about the four largest minority cultural groups. These groups are the African-American, Asian-American, Hispanic-American, and the Native American. Andrews (1995) warned about educational materials that emphasized only a few cultures or subcultures. The findings of this study would indicate that this emphasis is apparent in some textbooks.

Leininger (1995) also warned of teaching transcultural nursing by the use of cookbook characteristics of cultures. The danger of this was indicated by the finding that most of the textbooks had subdivisions in the chapter related to culture that identified characteristics of the various cultures.

Occasionally subcultures were identified. For example, Pacific Islanders and Japanese might be identified as subcultures of the Asian-Americans. This might have been an attempt to recognize the differences within the Asian-American culture.

Additional cultural groups were also mentioned. An example of this would be Arab-Americans. The inclusion of additional cultural groups acknowledges that there are more than four minority cultural groups. Another method of acknowledging cultural differences was the use of different names for the cultural group. Hispanic-Americans were also identified as Spanish-American or Latino.

The second research question asked how frequently each culture was represented in psychiatric/mental health nursing textbooks. An actual count of references to a specific culture in case studies, vignettes, clinical examples and other student learning situations was completed. The frequency count of student

learning situations indicated that African-Americans were the most often discussed cultural group appearing seventeen times in the textbooks. Hispanic-Americans and Asian-Americans were almost equally represented. Hispanic-Americans appeared twelve times and Asian-Americans appeared eleven times. Native-Americans, however, were represented only one time in the textbooks. A member of a culture other than the four largest minority cultures was very rarely identified in a student learning situation.

Smith et al. (1993) warned of discrimination by omission. The vast majority of student learning activities focused on culturally generic people. This supports the study by Smith et al. (1993) which stated that cultures can be discriminated against by omission. Frequency of representation was one criterion used in this study to determine what was available for students' learning experiences. The findings indicated that some cultures are represented much more frequently than other cultures. Leininger (1991) noted that human beings of any culture have a right to have their culture care values known, respected and appropriately used in nursing and health care. Andrews (1995) expressed concern that there will be an increasing tendency to ignore the fact that all people have differences and commonalities with other cultures. This study would support that concern because of the infrequency of representation of some cultural groups. The lack of integration of cultural content into the psychiatric/mental health nursing textbooks emphasizes differences. The segregation of cultural content in separate chapters does not promote identification of the commonalities of cultures.

The third research question asked what is the context in which each culture was represented. Variation in symptoms of illness, health restoration, health

maintenance and health promotion were identified as areas to be explored.

Variations in symptoms of mental illness were the easiest content to identify. Although all cultures experience mental illnesses, the way in which they are manifested and perceived varies. The variations in symptoms of illness and similarities of symptoms of illness were identified clearly in the psychiatric/mental health nursing textbooks. Leininger (1991) emphasized the need for knowledge of diversity and universality in order to provide culturally congruent care. This study indicates that some of this knowledge is being presented in the textbooks. Pope-Davis et al. (1994) concluded that when multicultural education is incorporated into the curricula it must stimulate students to think about cultural differences. The variations of symptoms of illness presented in the psychiatric/mental health nursing textbooks would provide data for the students' consideration.

Variations in symptoms of mental illnesses were included in eleven of the fourteen textbooks. The way symptoms might be manifested in different cultural groups also was occasionally identified. An example of this was that Asian-Americans might present with somatic symptoms when depressed. African-Americans may be misdiagnosed as having schizophrenia when they are depressed because they tend to have hallucinations and delusions which are more characteristic of schizophrenia. One of the problems in differentiating manifestations of illness according to culture is the limited amount of information available. Bell (1994) stated that psychiatric research has tended to focus on white subjects with results generalized to nonwhite populations. There are few studies related to the manifestation of symptoms in different cultural groups.

Diaz-Gilbert (1993) pointed out that illness, pain, and healing are perceived

differently in each culture. The findings of this study demonstrated the inclusion of culture-bound syndromes in some of the textbooks. This seems to be an attempt to recognize that mental illness may be manifested uniquely in each culture.

Identification of culture-bound syndromes was included for the four largest minority cultural groups. This study was concerned that nursing textbooks provide information that would help students provide culturally congruent care. Eliason (1993) stated that the belief that nurses base their care on individual needs assumes that nurses can identify culturally different needs. Recognition of how symptoms are manifested is basic to meeting the care needs of the client.

The three contexts of health restoration, health maintenance and health promotion were included but impossible to separate because the nursing interventions suggested applied to all three situations. The textbooks identified content that would be useful to all three areas of nursing activity. These content areas were: (1) communication, (2) time, (3) social organization, (4) values, (5) space, (6) biological variations, (7) religion, and (8) environmental controls.

The identification of these content areas seemed to be an attempt to provide generic guidelines for nursing care. Leininger (1991) advocated generic guidelines. Her three modes of nursing are based on the use of generic care knowledge plus professional care knowledge obtained through research using the sunrise model (Leininger, 1991). The findings of this study indicate that most textbook authors are supporting the generic approach to care. This study did find a few specific guidelines related to the four largest minority cultures. Beeber et al. (1993) did point out that the culturally diverse client should receive specialized care. Specific guidelines are needed to provide that care. Foster (1990) identified

that cultural sensitivity comes from an understanding of cultural differences that must be in the clinician's awareness and that it cannot be assumed on the basis of cultural background.

This study did find that different textbooks seemed to reflect somewhat opposing philosophies regarding culturally generic nursing activities versus culturally specific nursing activities. Although specific nursing interventions are needed they must be individualized to the client. The psychiatric/mental health nursing textbooks differ greatly in the approach to this need. Some provide only generic knowledge about cultures while others identify specific content about cultural characteristics

The overall exception to the generic approach was in the use of communication. Some of the textbooks did identify specific guidelines for communicating with the four largest minority groups. Communication is so inherent in all aspects of nursing that specific guidelines with a caution about individual differences might be very useful in acquiring the other care knowledge necessary to provide culturally congruent care. Stewart (1991) stated the knowledge of cultural diversity enables nurses to use the resources of the clients' culture to develop a culture specific nursing care plan. This knowledge cannot be obtained without communication.

The final research question asked how accurately are cultures represented in psychiatric/mental health nursing textbooks. Are obvious examples of stereotyping evident? Are obvious examples of bias evident?

All fourteen of the textbooks discussed stereotyping. The consequences of stereotyping also were identified and discussed. Little evidence of obvious

stereotyping or bias was found in the psychiatric/mental health nursing textbooks. The nonuse of words that could have a negative connotation to the reader of the textbook may indicate effort by the nurse authors to avoid creating or reinforcing stereotyping and bias. There were a few words used that could have a negative impact on the reader. These words were blacks, witchcraft, voodoo, magic, and costumes. An explanation of the reason for the inclusion of these terms could have prevented further stereotyping.

Specific information was given about some cultures. This information could contribute to stereotyping if it is generalized inappropriately. Pope-Davis et al. (1994) suggested that increasing multicultural awareness should minimize stereotyping. Foster (1990) identified that stereotypical and prescriptive approaches to cultural identity prevent a sensitive assessment of the clients' particular needs. Specific information was given about some cultures. This information could contribute to stereotyping if it is generalized inappropriately. The inclusion of subsections about specific cultural groups in the textbooks could contribute to a stereotypical cultural identity.

Another finding of this study was the focus on the four largest minority cultural groups. Andrews (1995) identified the danger of stereotyping that occurs from focusing on only a few subcultures or cultures, e. African-Americans, Asian-Americans, Hispanic-Americans and Native-Americans. This study would certainly support her concern because eleven of the fourteen psychiatric/mental health nursing textbooks focused on these four cultural groups. Smith et al. (1993) expressed concern that groups were more likely to be discriminated against by omission from textbooks. This study found little or no data about some cultural

groups. The Native-American is an example of this lack of representation. Cultural content related to the Native-American was found in only one student learning situation.

The AAN Panel (1992) stated that one of the most pressing problems in nursing education is how to present cultural diversity without stereotyping. Pope-Davis et al. (1994) also stated that if textbooks address only ethnic and racial subgroups they are perpetuating stereotypes by presenting specific information that does not address the differences within groups. Although the psychiatric/mental health nursing textbooks in this study did present specific information about some cultural groups all of the textbooks warned about the dangers of stereotyping and not recognizing the differences within cultural groups.

Limitations of Study

There are many limitations in conducting any qualitative research study. The first major limitation of this study was related to the data collection procedures used. The categories identified for collecting data to answer the third research question were not mutually exclusive. Nursing activities that could be identified as useful for health restoration could also be valuable in maintaining or promoting health. More definitive guidelines would have been desirable. The study did identify some of the most frequently included information about cultures to determine what was available to students to facilitate the development of culturally congruent plans of care.

Another limitation relates to the analysis of the textbook data. There are no systematic rules for analyzing and presenting findings clearly. Because of the extensiveness of the data, some content could have been overlooked while other

content was overemphasized in the data analysis. It would not have been acceptable to limit the size of the sample. The sample needed to be large so that bias would not be produced by the selection of a smaller sample. Although choice of the larger sample reduced the chance of bias, it significantly increased the amount of data that needed to be analyzed.

The researcher was the only one involved in the research process. This also could produce bias and subjectivity. The data collection and analysis required extensive note taking and an attempt to categorize what had been collected. Personal values and beliefs could influence the categorizing and interpretation of the data.

Recommendations for Further Study

Although this study has contributed to the body of nursing knowledge regarding the multicultural content of psychiatric/mental health nursing textbooks there are still many questions related to multicultural education that need to be answered. Research is needed to develop valid and reliable tools for the evaluation of multicultural content in textbooks, other educational materials, and the curricula.

The scope of this study was very extensive. An attempt was made to take a comprehensive look at all cultural content in psychiatric/mental health nursing textbooks. Because of this approach the most commonly presented information was identified as data. This data was almost exclusively related to the four largest minority groups. The less frequently included information could not be as closely analyzed. Another similar study could be conducted to focus on the content not related to the four largest minority groups.

Additional content analysis of psychiatric/mental health nursing textbooks could be conducted to focus on other culturally diverse groups. This analysis could include the elderly, other ethnic groups, gender groups, or other minority groups.

A future study might focus on the actual content of the case studies, vignettes, clinical examples, and other student learning situations to determine if they presented content in a way that would reinforce bias or stereotyping. Tools could be developed to examine students' attitudes and knowledge before and after reading textbook materials.

Research is needed to evaluate the effect of cultural clinical experiences on knowledge and attitudes of students related to culturally diverse populations. A replication of Rooda's (1993) study could be done to examine the attitudes and knowledge of students regarding diverse cultures as related to the educational level of the student.

A study needs to be conducted to give nurse educators better tools to evaluate all nursing textbooks for current and accurate multicultural content. Tools that would evaluate the differences in attitude between students who were educated using culturally generic information compared to those who were taught culturally specific information could be developed.

Research needs to be conducted to look at all the methods of providing care to the culturally diverse client. This research could include research related to the use of Leininger's sunrise model. The satisfaction of culturally diverse clients related to the care they receive also needs to be evaluated.

The evaluation of other multicultural educational materials and experiences also needs to be researched. Research related to all aspects of curricula is needed

to determine what is effective in educating students to care for the culturally diverse client. The study by Smith et al. (1993) could be replicated to examine all aspects of teaching students to give culturally congruent care.

Implications for Advanced Nursing Practice

In looking at the implications of this study for advanced nursing practice the most obvious implication is the need for nurses to be more knowledgeable about diverse cultures so they can provide culturally congruent care to all clients. The changing demographics of the United States have mandated nursing to develop a multicultural approach to nursing care. A logical starting place for this change in approach is nursing education.

Nurse educators need to initiate the change to a multicultural approach to clients by first examining their own knowledge and attitudes about culturally diverse populations. When this inventory has been completed corrective action can be taken to increase educators knowledge appropriately and modify any attitudes that would hinder the learning experiences of students. Leininger (1995) warned that transcultural teachers need to be able to examine their own racial biases, cultural values, and lifeways that tend to interfere with their ability to effectively teach and facilitate learning. Leininger (1995) also identified that it has been difficult to redirect nurse educators from a unicultural to a multicultural perspective because of their narrow perspective of the world and their lack of knowledge about different cultures. Nurse educators' self-evaluation is the important first step in promoting effective teaching of culturally congruent care to students.

The opportunity to participate in meaningful research related to

multicultural content in nursing curricula is unlimited. This study demonstrates that nurse educators must lead the way in collecting relevant data, analyzing data and making research-based recommendations to other educators concerning education that will contribute to the culturally congruent care of clients. This research must include all learning materials, clinical experiences and nursing curricula.

Nurse educators need to be very careful when they consider how to incorporate multicultural content into nursing education. This careful consideration, however, must not prevent the content from being integrated. The changing world - a shrinking world with diverse populations - and the shifting focus of nursing from the hospital setting to the community demands a multicultural focus in education.

A more specific focus for nursing education that has been identified in this study is the scarcity of research and literature related to multicultural content in textbooks. Nurse educators rely partially on information in nursing textbooks to provide foundation learning for their students. As students enter their first psychiatric/mental health nursing experience, the content in a textbook provides a reference for understanding nursing care. The information related to the culturally diverse client varies among textbooks so it is very important that nurse educators/researchers develop tools to examine and evaluate the accuracy and effectiveness of the information found in psychiatric/mental health nursing textbooks and all other textbooks. Although it would be impossible for textbooks to include all information necessary for students' learning related to diverse cultural groups, choosing a textbook to provide current and accurate information is an important responsibility of the nurse educator.

It is essential that textbook be free of stereotyping and bias as well as provide guidelines for culturally congruent care. This study identified that although all the textbook authors warn about stereotyping they may be perpetuating stereotyping with some of the content included in the textbook or by omission of content. This study has identified some of the content which could perpetuate stereotyping. Nurse educators have a responsibility to provide education which does not perpetuate stereotyping and bias.

This study also identifies that psychiatric/mental health nursing textbook authors take differing positions related to teaching culturally specific versus culturally generic information about diverse cultures. This study clearly identified the generic approach to cultural nursing content that has been taken by the majority of textbook authors. It is the responsibility of nurse educators to implement cultural content into the curricula that will enhance the ability of students to provide culturally congruent care.

It is the responsibility of nurse educators to make textbook evaluation a primary focus. It is textbooks that are used as the accepted knowledge in a field of study. Students who have limited experience expect to be able to find the appropriate answers in their textbooks. Nurse educators must develop tools to ensure the accuracy of the textbook content.

It is mandated that nurse educators provide education to students that will prepare them to work and live in the multicultural world of the twenty-first century. There are many ways that this education can be incorporated into the curricula of nursing programs. There are educational materials such as audiovisual materials, computers, and interactive videos to facilitate learning about diverse

cultures. These methods must be evaluated for accuracy and effectiveness in teaching students to provide culturally congruent care. These methods alone cannot provide students all the learning opportunities they need to provide culturally congruent care, however. Nurse educators must learn how to supplement learning materials with other teaching strategies. These strategies could include activities that would give students actual learning experiences with the culturally diverse populations including guest speakers, culturally specific community programs and clinical experiences involving culturally diverse populations.

All nursing educators in basic nursing programs have the responsibility to evaluate and select the materials and methods utilized to educate students to provide culturally congruent care. The students educated in these basic programs will be the nurses providing care and interacting with the culturally diverse client. This study identifies that multicultural content is being included in psychiatric/mental health nursing textbooks. Further research is needed by nurse educators to determine the most effective materials and methods to use in educating students to provide culturally congruent care.

REFERENCES

- American Academy of Nursing's Expert Panel Report (1992). Culturally competent health care. Nursing Outlook, 40(6), 277-283.
- American Academy of Nursing's Expert Panel (1992). Culturally competent health care: Promoting culturally competent nursing education. Journal of Nursing Education, 32(5), 195-197.
- Andrews, M. M. (1993). President's message. Journal of Transcultural Nursing, 5(1), 31.
- Andrews, M. M. (1995). Transcultural nursing: Transforming the curriculum Journal of Transcultural Nursing, 6(2), 4-9.
- Beeber, L. S., Hendrix, M. J., Taylor, C. S., & Wykle, M. L. (1993). The challenge of diversity. Journal of Psychosocial Nursing, 31(8), 23-29.
- Bell, C. C. (1994). Taking issue. Hospital and Community Psychiatry, 45(1), 5.
- Buchwald, D., Caralis, P.V., Gany, F., Hardt, E. J., Johnson, T. M., Muecke, M., & Putsch III, R. W. (1994, June 15). Caring for patients in a multicultural society. Patient Care, 105-123.
- Clark, M. (1995, May/June). Biomedicine, meet ethnomedicine. Health Forum Journal, 20-29.
- Denzin N. K. & Lincoln, Y. S. (1994). Handbook of qualitative research. Thousand Oaks: Sage Publications.
- Diaz-Gilbert, M. (1993, October). Caring for culturally diverse patients. Nursing 93, 44-45.
- Eliason, M. J. (1993). Ethics and transcultural nursing care. Nursing Outlook, 41(5), 225-228.

- Fontaine, K. L. & Fletcher, J. S. (1995). Essentials of Mental Health Nursing. Redwood City, California: Addison-Wesley Nursing.
- Foster, S. W. (1990). The pragmatics of culture: The rhetoric of difference in psychiatric nursing. Archives of Psychiatric Nursing, IV(5), 292-297.
- Frye, B. A. & McGill, D. (1993). Cambodian refugee adolescents: Cultural factors and mental health nursing. Journal of Child and Adolescent Psychiatric and Mental Health Nursing, 6(4), 24-31.
- Giger, J. N. & Davidhizer, E. (1991). Transcultural nursing assessment and intervention. St. Louis: Mosby Year Book.
- Good, C. V. (1966). Essentials of educational research (pp. 266-274). New York: Appleton-Century-Crofts.
- Hiraki, A. (1992). Tradition, rationality and power in introductory nursing textbooks: A critical hermeneutics study. Advances in Nursing Science, 14(3), 1-12.
- Kavanagh, K. H. & Kennedy, P. H. (1992). Promoting cultural diversity. Newburg Park: Sage Publications.
- Keltner, B. R. (1993). Native American children and adolescents: Cultural distinctiveness and mental health needs. Journal of Child and Adolescent Psychiatric and Mental Health Nursing, 6(4), 18-23.
- Keltner, N. L., Schwecke, L. H., & Bostrom, C. E. (1995). Psychiatric Nursing. St. Louis: Mosby Year Book.
- Kim, M. T. (1995). Cultural influences on depression in Korean Americans. Journal of Psychosocial Nursing, 33(2), 13-18.

- Kohn, S. (1995, May/June). Dismantling sociocultural barriers to care. Healthcare Forum Journal, 30-33.
- Leininger, M. (1991). The theory of culture care diversity and universality. In M. Leininger (Ed.), Culture care diversity and universality: A theory of nursing (pp. 5-63). New York: National League for Nursing Press. Pub. No. 15-2402.
- Leininger, M. (1994). Are nurses prepared to function worldwide? Journal of Transcultural Nursing, 5(2), 2-4.
- Leininger, M. (1992). Psychiatric nursing and transculturalism: Quo vadis? Perspectives in Psychiatric Care, 28(1), 3-4.
- Leininger, M. (1994). Transcultural nursing education: A worldwide imperative. Nursing and Health Care, 15(5), 254-257.
- Leininger, M. (1995). Teaching transcultural nursing to transform nursing for the 21st century. Journal of Transcultural Nursing, 6(2), 2-3.
- Leininger, M. (1995). Teaching transcultural nursing in undergraduate and graduate programs. Journal of Transcultural Nursing, 6(2), 10-26.
- Luna, L. & Cameron, C. (1989). Leininger's transcultural nursing. In J. Fitzpatrick and A. Whall (Ed.) Conceptual Models of Nursing Analysis and Application (2nd ed.) (pp. 277-240). Norwalk: Appleton and Lange.
- Norbeck, J. S. (1995). Who is our consumer? Shaping nursing programs to meet emerging needs. Journal of Professional Nursing, 11(6), 325-331.
- Pope-Davis, D.B., Eliason, M.J. & Ottavi, T.M. (1994). Are nursing students multiculturally competent? An exploratory investigation. Journal of Nursing Education, 33(1), p.31-33.

- Price, J. L. & Cordell, B. (1994). Cultural diversity and patient teaching. Journal of Continuing Education in Nursing, 25(4), 163-166.
- Princeton, J. C. (1993). Editorial: Promoting culturally competent nursing education. Journal of Nursing Education, 32(5), 195-197.
- Robins, L. N. (1989). Cross-cultural differences in psychiatric disorder. American Journal of Public Health, 79(11), 1479-1480.
- Rogler, L. H. (1989). The meaning of culturally sensitive research in mental health. American Journal of Psychiatry, 146 (3), 296-303.
- Rooda, L. A. (1993). Attitudes of nurses toward culturally diverse patients: An examination of the social contact theory. Journal of National Black Nurses Association, 6(1), 48-56.
- Rooda, L. A. (1993). Knowledge and attitudes of nurses toward culturally different patients: Implications for nursing education. Journal of Nursing Education, 32(6), 209-213.
- Rosenbaum, J. N. (1995). Teaching cultural sensitivity. Journal of Nursing Education, 34(4), 188-189.
- Ruiz, P. (1995). Assessing, diagnosing and treating culturally diverse individuals: A Hispanic perspective. Psychiatric Quarterly, 66(4), 329-341.
- Sellers, S. C. & Haag, B. A. (1993). A nursing textbook evaluation instrument for multicultural, nonsexist concepts. Journal of Nursing Education, 32(6), 270-272.
- Siantz, M. L. (1993). The stigma of mental illness on children of color. Journal of Child and Adolescent Psychiatric and Mental Health Nursing, 6(4), 10-17.

- Silva, M. C. (1994). The ethics of cultural diversity and culturally competent nursing education, practice and research. Nursing Connections, 7(2), 52-56.
- Smith, B. E., Colling, K., Elander, E. & Latham, C. (1993). A model for multicultural curriculum development in baccalaureate nursing education. Journal of Nursing Education, 32(5), 205-208.
- Sohn, K. S. (1991). Current nursing courses and nursing textbooks. International Journal of Nursing Studies, 28(3), 209-222.
- Spector, R. E. (1991). Cultural diversity in health and illness (3rd ed.). Norwalk, Conn.: Appleton and Lange.
- Stasiak, D. B. (1991). Culture Care Theory with Mexican-Americans in an Urban Context. In M. Leininger (Ed.), Culture care diversity and universality: A theory of nursing (pp. 179-201). New York: National League for Nursing Press. Pub. No. 15-2402.
- Stewart, B. (1991). A staff development workshop on cultural diversity. Journal of Nursing Staff Development. July/August.
- Tripp-Reimer, T. & Afifi, L. A. (1989). Cross-cultural perspectives on patient teaching. Nursing Clinics of North America, 24(3), 613-619.
- Tullman, D. F. (1992). Cultural diversity in nursing education: Does it affect racism in the nursing profession? Journal of Nursing Education, 31(7), 321-324.
- Wakefield-Fisher, M. (1986). How to evaluate nursing textbooks. Nursing Outlook, 34(2), 72-73.

- Warren, B. J. (1994). Depression in African-American women. Journal of Psychosocial Nursing, 32(3), 29-33.
- West, E. A. (1993). The cultural bridge model. Nursing Outlook, 41(5), 229-234.

APPENDIX A
DEMOGRAPHIC CHARACTERISTICS OF SAMPLE TOOL

Demographic Characteristics of Sample Tool

[illegible]

APPENDIX B

FREQUENCY COUNT OF SPECIFIC CULTURES TOOL

Frequency Count of Specific Cutlures Tool

[illegible]

APPENDIX C
CONTENT ANALYSIS OF CULTURAL CONTENT TOOL

Content Analysis of Cultural Content Tool

Book 1

Culture	Cultural variation of symptoms in illness	Nursing activities related to health restoration	Nursing activities related to health maintenance	Nursing activities related to health promotion
African American				
Asian American				
Hispanic American				
Native American				

APPENDIX D
ACCURACY OF CULTURAL CONTENT TOOL

Accuracy of Cultural Content Tool

Books by code number

African American	
Asian American	
Hispanic American	
Native American	